The Health of Bradford

1953

HE ANNUAL REPORT OF THE MEDICAL OFFICER
F HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

JOHN DOUGLAS, M.D., D.P.H.

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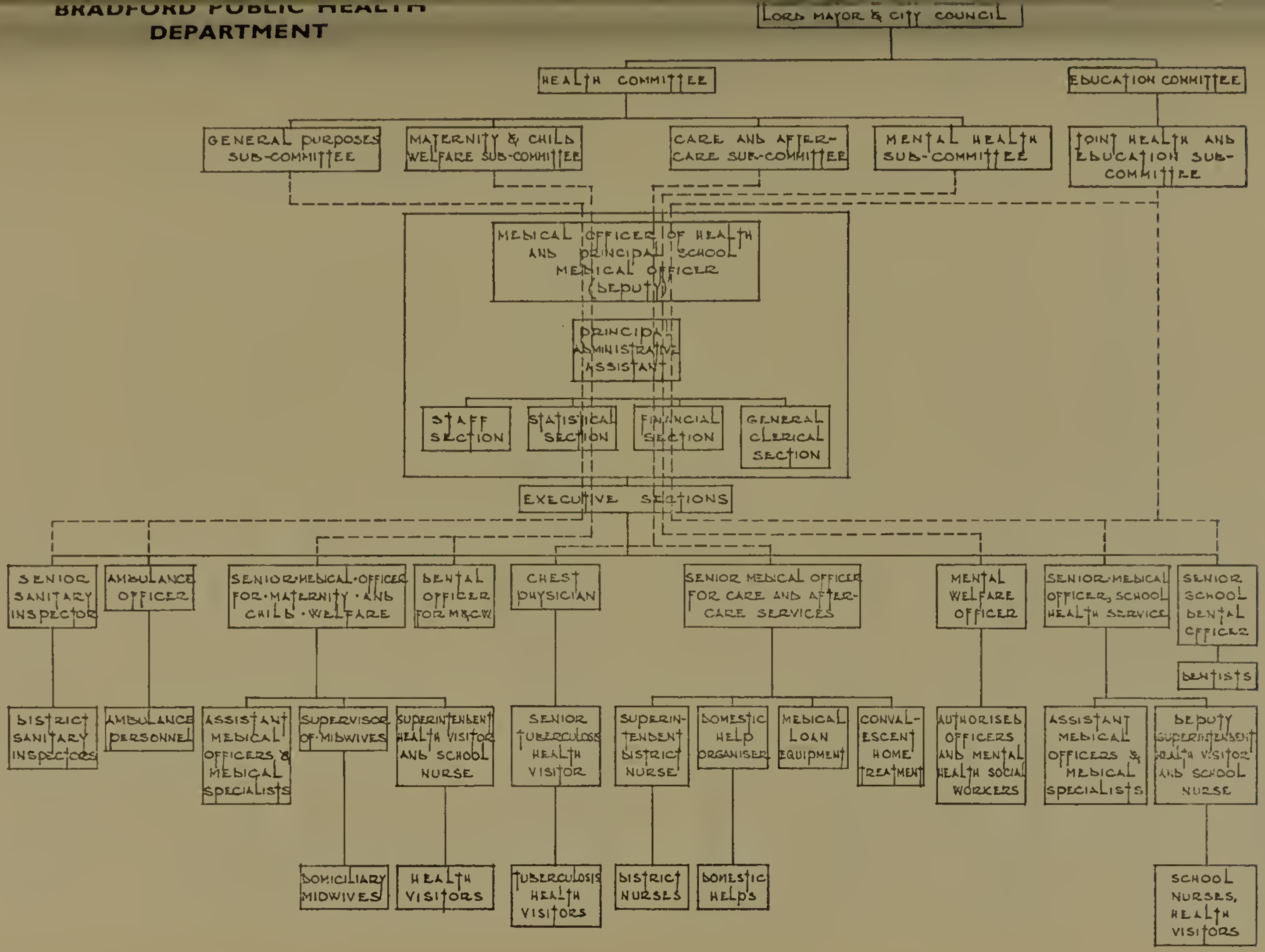
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SCHOOL NURSES, HEALTH VISITORS

Preface

The following report on the health of the City of Bradford has been compiled along the lines laid down by the Ministry of Health.

The birth rate of 16·0 per thousand population in 1953 was the same as that for 1952, and 0·4 per thousand higher than the rate for England and Wales.

The death rate of 13·8 per thousand population was 0·6 higher than the rate for 1952, and 2·4 higher than the rate for England and Wales.

The infantile mortality rate of 37·0 per thousand live births was 4·0 higher than the rate for 1952. Notwithstanding this, only once before (apart from 1952) has the rate been as low as 37.

The maternal mortality rate of 0·21 per thousand total births was the lowest ever recorded, and compares with the Bradford figure of 0·84 in 1952, and the figure for England and Wales of 0·76 in 1953.

There was no significant increase in the number of cases of infectious disease notified. There were two deaths from whooping cough, of infants less than two years of age. The city remained free from any heavy attack of acute anterior poliomyelitis—fifteen cases were confirmed and there were two deaths. Nineteen cases of food poisoning were notified. There were no cases of the following diseases notified during the year—smallpox, diphtheria, typhoid or paratyphoid fevers, polio encephalitis, encephalitis lethargica, anthrax or malaria.

During the year an additional day nursery was opened at Laisterdyke, and a health centre was opened at Odsal to meet the needs of an ever increasing population in the area. A branch Maternity and Child Welfare clinic at Low Moor was closed and two smaller clinics were started at Wyke and at Mandale Road to cover the need in outlying districts. Although the population of the city has fallen slightly since the war, the population of some outlying districts has increased considerably with the building of the post-war housing estates. This process of decentralisation of population will continue when slum clearance on a large scale is resumed, and it seems that the siting of Maternity and Child Welfare and School Clinics must be constantly reviewed during the coming years.

Difficulties have been experienced in maintaining a full establishment of health visitors, sanitary inspectors, midwives and district nurses. During the year, some sections were appreciably under-staffed.

In the field of environmental hygiene, preliminary action was taken with regard to two important projects. In November a special meeting of the Health Committee was convened to consider the implementation of the Smokeless Zones section of the Bradford Corporation Act, 1949, and towards the latter end of the year, preliminary work was done with a view to the early recommencement of large scale slum clearance, following the long period of inactivity of the war years and the immediate post-war period. It is hoped to be able to describe considerable progress in these matters in the Report for 1954.

JOHN DOUGLAS
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Section I

Social Circumstances and Vital Statistics

POPULATION
EMPLOYMENT
METEOROLOGY
VITAL STATISTICS
BIRTHS
DEATHS
STILLBIRTHS AND INFANTILE MORTALITY
MATERNAL MORTALITY

Social Circumstances and Vital Statistics

Population

In 1800 Bradford was a small town, occupying less than 2,000 acres, and having a population of 13,000. The status of Borough was granted in 1847, when to Bradford, and Manningham, were added Horton and Bowling. In 1873 Bolton was added, and in 1882, Heaton, Allerton, Thornbury and Tyersal. County Borough status was granted to Bradford in 1888, and the County Borough became a city in 1897. Thornton, North Bierley, Tong, Idle and Eccleshill were added in 1899, Clayton in 1930 and Esholt in 1935, so that today the City of Bradford occupies over 25,000 acres (approximately 40 square miles).

From 1800 the population doubled during the next twenty years, and in the following eighty years up to 1900 increased to 280,000. At times the population was increasing with such rapidity that it was mpossible to estimate it with accuracy between the decennial censuses. The census of 1871 gave the population as 147,000, and successive estimates in the following years culminated in an estimate of 197,000 n 1880. The census of the following year revealed that the figure was in fact only 184,000. Similarly, the estimate for 1890 was 241,000, whereas the census figure of 1891 was 216,000.

Since the beginning of the present century, when the population was 280,000, it has fluctuated considerably, being variously affected by the First World War, the depression of the 1930's, and the Second World War. The census of 1931 returned the population as 298,000, nd the population at the 1951 census was 292,394.

The results of the 1951 census were discussed fully in the 1951 Annual Report.

Employment in Bradford

We are indebted to Mr. C. W. Llanwarne, Manager of the Bradford Employment Exchange of the Ministry of Labour and National Service, for the following table:—

TABLE 1 *Number of Persons in Employment in Bradford in June* 1953, *according to National Insurance Cards exchanged*

Industry	Males aged 15 and over	Females aged 15 and over	Total Males and Females 15 and over
Textiles	26,199	27,550	53,749
Distribution	10,269	7,806	18,075
Engineering, Shipbuilding, etc.	10,214	2,315	12,529
Transport	6,741	813	7,554
Public Administration.. ..	3,541	1,933	5,474
Building and Construction ..	5,275	196	5,471
Clothing..	663	2,677	3,340
Paper and printing	2,097	1,656	3,753
Vehicles	4,920	930	5,850
Food, Drink and Tobacco ..	2,188	1,202	3,390
Professional Services	3,027	4,784	7,811
Wood and Cork	1,581	331	1,912
Gas, Electricity, Water ..	2,501	170	2,671
Metal Goods	1,611	266	1,877
Metal Manufacture	1,301	141	1,442
Precision Instruments.. ..	65	48	113
Chemicals	877	385	1,262
Insurance, Banking and Finance	1,340	784	2,124
Mining and Quarrying.. ..	417	44	461
Other Manufacturing Industries	106	74	180
Leather	76	52	128
Agriculture	245	42	287
Entertainment, Sport and Miscellaneous	2,442	5,927	8,320
Ex-Servicemen	26	5	31
Totals ..	87,723	60,131	147,854

The table shows that there are 147,854 persons aged 15 and over in employment in the city. The following table shows the equivalent number for the last four years, with the percentage of the tota population of the city.

TABLE 2 *Number of Persons employed, as a Percentage of the Tota Population*, 1950–1953

	No. of Persons Employed	Percentage of Population
1950	145.937	49·6
1951	155,153	53·0
1952	147,154	51·0
1953	147,854	51·5

Meteorology

Bradford is situated in a bowl-shaped depression on the east side f the Pennines, and has a climate typical of its position and altitude. The city extends to 25,000 acres, and varies in altitude from 1,200 ft. t Queensbury to 300 ft. at the city centre and 200 ft. at Esholt.

During 1953, the average of the monthly mean temperatures was 9·9°F., which is a little higher than the average for previous years.

Rainfall amounted to 27·19 inches, which is about 7 inches less than he average. The driest month was January (0·45 inches) and the wettest month was November (3·47 inches). The average monthly ainfall was 2·26 inches, compared with the normal average of about ·83 inches. The heaviest daily rainfall was recorded on 17th September when 0·94 inches fell. This represented one third of the total rainfall for that month.

There were 1,250 hours of bright sunshine, which is approximately the verage over a long period. The sunniest month was May with 198·6 hours. December, the month with least sun, had only 18·2 hours. Maximum sunshine recorded on any one day in the year was on 25th June, when 13·2 hours were observed.

During the year snow fell on 8 days, and lay on the ground for a total period of 9 days. Heaviest falls were in February (4 days), and t was during this month that snow lay on the ground for the 9 days. Snow falling on 4 of the 8 days was not evenly distributed, and fell only on high ground in the form of a snow shower.

Fog was observed on 40 days during the year, and March, with 12 days, was the worst month.

Vital Statistics

The following are the principal vital statistics for 1953, with comparable figure for 1952.

	1953	1952
Estimated population	286,600	288,000
Comparability factors—(*a*) births	1·01	1·01
(*b*) deaths	0·97	0·97
Births (total live and still)	4,653	4,744
Births—Live	4,562	4,600
Still	91	144
Crude birth rate per 1,000 population	15·9	15·9
Birth rate as adjusted by factor	16·0	16·0
Deaths	4,059	3,945
Crude death rate per 1,000 population	14·2	13·7
Death rate as adjusted by factor	13·8	13·2
Infantile mortality rate per 1,000 live births	37·0	33·0
Neo-natal mortality rate per 1,000 live births	24·5	20·0
Still birth rate per 1,000 total births	19·5	30·0
Maternal mortality rate per 1,000 total births	0·21	0·84
Tuberculosis rates per 1,000 population:		
(*a*) primary notifications—Respiratory	1·06	0·86
Non-respiratory	0·19	0·15
(*b*) Deaths—Respiratory	0·14	0·23
Non-respiratory	0·03	0·03
Death rates per 1,000 population from:		
Cancer (all forms, including Leukæmia and Aleukæmia)	2·3	2·28
Typhoid and paratyphoid fever	—	—
Mennigococcal Infections	0·007	0·003
Scarlet fever	—	—
Whooping Cough	0·007	—
Diphtheria	—	—
Influenza	0·132	0·04
Measles	—	0·003
Acute poliomyelitis and encephalitis	0·01	0·003
Acute infectious encephalitis	—	—
Smallpox	—	—
Diarrhœa (under 2 years)	0·007	0·02
Diarrhœa (under 2 years) per 1,000 live births	0·438	1·52

Births

Births registered during the year numbered 4,653 (2,302 males and 2,351 females). The birth rate of 15·9 per thousand of the population is the same as for 1952.

In Bradford the birth rate reached an average of 31 in 1881–85. Its downward movement since that time is shown in the following table:—

TABLE 3 *Birth Rates, Bradford and England and Wales,* 1881–1953

Period	Bradford	England and Wales
1881–85	31·1	33·5
1886–90	29·8	31·4
1891–95	27·5	30·5
1896–1900	25·1	29·3
1901–05	22·6	28·2
1906–10	20·1	26·3
1911–15	19·0	23·6
1916–20	15·4	20·1
1921–25	17·9	19·9
1926–30	15·2	16·7
1931–35	13·5	15·0
1936–40	13·1	14·7
1941–45	14·5	15·9
1946	19·3	19·2
1947	22·2	19·1
1948	18·8	17·9
1949	17·3	16·7
1950	16·7	15·8
1951	16·4	15·5
1952	15·9	15·6
1953	15·9	15·8

Adjustment of the Bradford rate by the area comparability factor, which makes allowance for the differing age distribution of the population in different areas, gives a rate of 16·0 per thousand population.

Of the 4,562 live births registered, 275 or 6·0 per cent were illegitimate. This rate has ranged from a minimum of 4·3 per cent in 1906 to a maximum of 10·8 per cent in 1945.

The illegitimate birth rate now appears to be steady at between 5 and 6 per 100 total births.

Deaths

There were 4,059 deaths (1,971 males and 2,088 females) during the year, giving a crude mortality rate of 14·2 per thousand population. Adjustment of the figure by the area comparability factor, gives a rate of 13·8. This compares with death rates of England and Wales, 11·4; 160 County Boroughs and Great towns (including London), 12·2; 160 Smaller Towns with populations of 25–50,000, 11·3; and London Administrative County, 12·5.

The following table shows the crude death rates of Bradford and England and Wales in the period 1886–1953:—

TABLE 4 *Crude Death Rates, Bradford and England and Wales,* 1886–1953

Period	Rate per 1,000 population Bradford	England and Wales	Difference in Bradford rate and rate for England and Wales
1886–90	20·9	18·9	2·0
1891–95	19·7	18·7	1·0
1896–1900	17·9	17·7	0·2
1901–05	16·3	16·0	0·3
1906–10	15·1	14·7	0·4
1911–15	15·5	14·3	1·2
1916–20	16·0	14·4	1·6
1921–25	14·1	12·1	2·0
1926–30	14·2	12·1	2·1
1931–35	14·1	12·0	2·1
1936–40	14·7	12·5	2·2
1941–45	14·2	12·8	1·4
1946	14·4	12·0	2·4
1947	14·7	12·3	2·4
1948	13·4	10·8	2·6
1949	14·5	11·7	2·8
1950	14·2	11·6	2·6
1951	15·4	12·5	2·9
1952	13·7	11·3	2·4
1953	14·2	11·4	2·8

For the last eight years, the Bradford rate has been, on average, 2·6 per thousand higher than the rate for England and Wales.

The following table shows the distribution of deaths by separate age groups for the past six years.

TABLE 5 *Deaths by Separate Age Groups, Bradford,* 1948–1953

Age	1948	1949	1950	1951	1952	1953
0–1	235	191	185	208	152	169
1–5	38	40	46	33	29	24
5–15	22	24	25	17	18	21
15–25	57	40	42	33	20	23
25–45	209	195	205	189	156	174
45–65	977	992	1,031	1,070	938	966
65–75	1,135	1,272	1,181	1,244	1,087	1,108
Over 75	1,198	1,469	1,458	1,662	1,307	1,574

Table 6 shows the causes of death at different periods of life during 1953.

TABLE [illegible] *Causes of Death at Different Periods of Life*, [illegible]

	Disease	Total Males	Total Females	Age Groups (both sexes) 0–1	1–5	5–15	15–25	25–45	45–65	65–75	Over 75	Total
1.	Tuberculosis, respiratory	32	8	–	–	–	1	12	15	11	1	40
2.	Tuberculosis, other	7	3	1	–	–	1	3	4	1	–	10
3.	Syphilitic disease	6	6	–	–	–	–	–	8	3	1	12
4.	Diphtheria	–	–	–	–	–	–	–	–	–	–	–
5.	Whooping cough	1	1	1	1	–	–	–	–	–	–	2
6.	Mennigococal infections	1	1	2	–	–	–	–	–	–	–	2
7.	Acute poliomyelitis	2	1	–	2	–	1	–	–	–	–	3
8.	Measles	–	–	–	–	–	–	–	–	–	–	–
9.	Other infectious and parasitic diseases	1	3	1	–	–	–	1	2	–	–	4
10.	Malignant neoplasm, stomach	56	51	–	–	–	–	5	39	38	25	107
11.	do. lung, bronchus	91	13	–	–	–	–	8	55	31	10	104
12.	do. breast	1	68	–	–	–	–	9	25	19	16	69
13.	do. uterus	–	44	–	–	–	–	4	21	11	8	44
14.	Other malignant and lymphatic neoplasms	150	165	–	1	2	–	14	112	103	83	315
15.	Leukæmia, aleukæmia	12	8	–	3	–	–	4	8	3	2	20
16.	Diabetes	8	19	–	–	–	–	1	6	7	13	27
17.	Vascular lesions of nervous system	241	336	–	–	–	2	7	102	190	276	577
18.	Coronorary disease; angina	287	223	–	–	–	–	13	163	167	167	510
19.	Hypertension with heart disease	66	63	–	–	–	–	–	26	50	53	129
20.	Other heart disease	309	471	–	–	2	2	21	89	159	507	780
21.	Other circulatory disease	42	78	–	–	1	–	1	21	34	63	120
22.	Influenza	27	11	1	–	–	–	4	9	10	14	38
23.	Pneumonia	110	90	41	3	–	1	6	37	46	66	200

	Disease	Total Males	Total Females	AGE GROUPS (both sexes)								Total
				0–1	1–5	5–15	15–25	25–45	45–65	65–75	Over 75	
24.	Bronchitis	197	98	3	–	–	–	3	82	112	95	295
25.	Other diseases of respiratory system ..	17	9	1	–	–	–	3	11	6	5	26
26.	Ulcer of stomach, and duodenum.. ..	26	9	–	–	–	–	2	15	7	11	35
27.	Gastritis, enteritis and diarrhœa	7	8	2	–	–	–	5	6	1	1	15
28.	Nephritis and nephrosis	24	11	–	–	–	2	4	11	10	8	35
29.	Hyperplasia of prostate	21	–	–	–	–	–	–	1	8	12	21
30.	Pregnancy, childbirth, abortion	–	1	–	–	–	–	1	–	–	–	1
31.	Congenital malformations	16	14	22	3	2	–	–	2	–	1	30
32.	Other defined and ill-defined diseases ..	131	187	89	6	10	3	17	56	55	82	318
33.	Motor vehicle accidents	21	8	–	2	2	6	6	6	5	2	29
34.	All other accidents	37	66	5	3	2	4	13	17	13	46	103
35.	Suicide	24	14	–	–	–	–	7	17	8	6	38
36.	Homicide and operations of war	–	–	–	–	–	–	–	–	–	–	–
		1,971	2,088	169	24	21	23	174	966	1,108	1,574	
		4,059										4,059

The following table shows the relative frequency of the principal causes of death during 1953:—

TABLE 7 *Relative Frequency of Principal Causes of Death, Bradford, 1953*

Cause of Death	Number	% of Total
Heart Disease	1,419	34·9
Cancer	659	16·2
Vascular lesions of the nervous system	577	14·2
Bronchitis	295	7·2
Pneumonia	200	4·9
Violence	170	4·2
Other circulatory diseases	120	2·9
Tuberculosis	50	1·2
Influenza	38	0·9
Ulcer of the stomach and duodenum	35	0·8
Nephritis and nephrosis	35	0·8
Congenital malformations	30	0·7
Diabetes	27	0·6
Other diseases of the respiratory system	26	0·6
Other defined and ill-defined diseases	318	7·8

The number of deaths from the epidemic diseases and from tuberculosis continues to fall, and in 1953 only 1·2 per cent of deaths were attributed to the latter. The same high level of deaths from heart disease, cancer and cerebral haemorrhage was maintained, and over 65 per cent of deaths are due to these diseases.

Heart Disease

Deaths from coronoary disease and angina pectoris during the last four years have been as follows:

Year	Number
1950	528
1951	542
1952	556
1953	510

Cancer, Malignant Neoplasms

There were 659 deaths; a number which differs little from the numbers reported in the last ten years.

Deaths from cancer of the lung and bronchus were 18 in 1932, 36 in 1936, 42 in 1940, 82 in 1949, 94 in 1950, 106 in 1951, 94 in 1952 and 104 in 1953. Of the 106 deaths in 1951, 88 were males and 18 females. Of the 94 deaths in 1952, 74 were males and 20 females. Of the 104 deaths in 1953, 91 were males and 13 females.

Intra-cranial Vascular Lesions

This heading includes deaths from cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis. There were 577 deaths (241 males and 336 females).

The following table shows the number of deaths from cerebral haemorrhage, etc., in the period 1943–1953.

TABLE 8

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Males	177	201	190	188	179	196	240	236	229	240	241
Females	215	279	292	267	271	221	287	334	341	301	336
Total	392	479	482	455	450	417	527	570	570	541	577

There has been no significant alteration in the death rate from intra-cranial vascular disease.

Pneumonia and Bronchitis

The following table shows the number of deaths from pneumonia and bronchitis in the period 1943–1953:—

TABLE 9

Pneumonia

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Males	112	114	102	97	109	93	100	70	112	76	110
Females	93	67	73	75	74	80	104	76	97	53	90
Total	205	181	175	172	183	173	204	146	209	129	200

Bronchitis

Males	168	142	153	153	199	142	167	177	209	92	197
Females	130	90	112	84	115	99	96	90	130	51	98
Total	298	232	265	237	314	241	263	267	339	143	295

In the past ten years, there has been no significant alteration in the death rates from these diseases.

Violence

Deaths from violence numbered 170. Suicide accounted for 38, motor vehicle accidents 29, and other accidents 103.

Tuberculosis

There were 40 deaths from respiratory tuberculosis giving a crude death rate of 0·14, and 10 deaths from other forms of tuberculosis, giving a crude death rate of 0·03 per thousand population.

The crude death rate from all forms of tuberculosis was 0·17.

The following table shows the number of deaths from all forms of tuberculosis in Bradford, and the mortality rates per thousand population for Bradford and for England and Wales, in the period 1943–1953:—

TABLE 10

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Deaths, Bradford	167	142	149	150	148	141	141	109	105	73	50
Rate, Bradford	0·64	0·54	0·53	0·54	0·51	0·49	0·48	0·37	0·36	0·26	0·17
Rate, England and Wales	0·66	0·63	0·61	0·55	0·55	0·51	0·46	0·36	0·31	0·24	0·20

The following table shows the number of deaths from pulmonary tuberculosis in Bradford, and the mortality rates per thousand population for Bradford and for England and Wales in the same period:—

TABLE 11

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Deaths, Bradford	130	115	105	130	121	121	119	92	86	61	40
Rate, Bradford	0·50	0·44	0·38	0·47	0·42	0·42	0·41	0·31	0·28	0·23	0·14
Rate, England and Wales	0·56	0·52	0·51	0·47	0·47	0·44	0·40	0·32	0·27		

It will be seen that there has been a great reduction in the death rate from all forms of tuberculosis.

Notifications of respiratory tuberculosis during 1953 numbered 305, a notification rate of 1·06 per thousand population. The number for non-respiratory was 54 and the rate 0·19.

The age incidence of the notifications is given in Table 3 in the Appendix.

It is interesting to observe the preponderance of deaths among males in the diseases of the respiratory tract:—

Disease	Deaths	
	Males	Females
Respiratory tuberculosis	32	8
Malignant neoplasm, lung, etc.	91	13
Influenza	27	11
Pneumonia	110	90
Bronchitis	197	98
Other diseases of the respiratory system ..	17	9

During 1953, the ratio of males to females in the total deaths was 1 : 1·05, whilst the ratio in diseases of the respiratory tract was 1 : 0·48.

Stillbirths and Infantile Mortality

There were 91 stillbirths—a rate of 19·5 per thousand total births compared with the 30·0 last year and the 22·4 for England and Wales.

The illegitimate stillbirths numbered 6, giving a rate of 1·29 per thousand total births, and representing 6·6 per cent of all stillbirths.

Infantile Mortality

In Bradford during 1953 there were 169 deaths of children under one year of age, giving an infantile mortality rate of 37·0 per thousand live births. This rate is 4·0 per thousand higher than in 1952, but still maintains the general downward trend.

The following table shows the rates for Bradford and for England and Wales in the period 1943–1953:—

TABLE 12

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Bradford	51	54	65	51	60	43	37	38	43	33	37
England and Wales	49	45	46	43	41	34	32	30	30	28	27

The rate for England and Wales has decreased steadily for many years. The Bradford rate which is, on average, 8 per thousand higher than the rate for England and Wales, has not shown the same steady decrease. There were sharp rises from 54 in 1944 to 65 in 1945, from 51 in 1946 to 60 in 1947, and now from 33 in 1952 to 37 in 1953.

The neo-natal mortality rate (the rate of deaths occurring during the rst four weeks after birth) was 24·5.

The following table shows comparative figures for infant deaths by ause in 1952 and 1953:—

ABLE 13

	1952	1953
Non-respiratory tuberculosis	—	1
Whooping Cough	—	1
Mennigococcal infections	1	2
Other infective and parasitic disease	1	1
Other malignant and lymphatic neoplasm	1	—
Influenza	—	1
Pneumonia	33	41
Bronchitis	3	3
Other diseases of respiratory system	—	1
Gastritis, enteritis and diarrhœa	7	2
Congenital malformations	21	22
Other defined and ill-defined diseases	82	89
Accidents	6	5
	155	169

Maternal Mortality

There has been a most gratifying diminution in the number of deaths ue to child birth.

The following table shows the maternal mortality rate per thousand otal live and stillbirths for Bradford and for England and Wales in the eriod 1943–1953:—

ABLE 14

Year	Bradford	England and Wales
1943	2·78	2·29
1944	2·50	2·93
1945	3·27	1·79
1946	1·46	1·43
1947	1·07	1·17
1948	0·88	1·02
1949	1·35	0·98
1950	1·40	0·86
1951	1·23	0·79
1952	0·84	0·72
1953	0·21	0·76

Infectious and Other Diseases

NOTIFIABLE DISEASES
  - SMALLPOX
  - SCARLET FEVER
  - MEASLES
  - GERMAN MEASLES
  - CHICKEN POX
  - WHOOPING COUGH
  - ACUTE ANTERIOR POLIOMYELITIS
  - CEREBRO-SPINAL MENINGITIS
  - BACILLARY DYSENTERY
  - INFECTIVE ENTERITIS
  - FOOD POISONING
  - SALMONELLOSIS
  - PUERPERAL PYREXIA
  - OPHTHALMIA NEONATORUM
  - PEMPHIGUS
  - ERYSIPELAS
  - PULMONARY TUBERCULOSIS
  - NON-PULMONARY TUBERCULOSIS
  - PNEUMONIA
  - INFLUENZA

VACCINATION AND IMMUNISATION
THE BRADFORD CHEST CLINIC
VENEREAL DISEASES
NEW CLAIMS FOR SICKNESS BENEFIT

TABLE 1. *Number of Notifications of Infectious Diseases,* 1933–1953.

	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Scarlet Fever	997	1,588	1,230	1,194	867	896	771	309	302	946	1,543	820	703	409	464	765	531	490	291	626	872
Measles	4,186	2,878	2,505	3,663	1,682	4,724	742	3,760	1,734	5,328	803	551	4,449	64	4,808	1,027	3,406	3,018	3,771	3,401	2,822
German Measles	125	337	1,736	189	93	131	181	254	115	224	622	1,412	98	228	423	1,181	190	125	94	1,054	3,703
Chicken Pox	1,646	1,720	2,169	1,276	1,788	1,705	1,352	1,544	1,228	1,276	1,623	1,413	805	861	927	1,599	1,208	1,639	2,029	3,068	2,574
Whooping Cough	697	958	1,400	1,301	1,184	1,713	193	491	1,958	1,348	781	495	682	942	631	1,404	347	1,623	1,273	634	1,564
Poliomyelitis	2	—	5	1	—	—	1	2	—	2	—	4	—	3	86	8	29	52	12	13	15
Cerebro-Spinal Meningitis	10	1	10	9	21	13	6	67	72	85	32	41	24	16	24	14	12	7	3	4	1
Enteric Fever	17	7	8	10	9	4	28	26	13	8	2	2	3	8	4	—	—	—	110	2	—
Dysentery	12	26	57	24	35	33	72	129	102	213	86	76	101	61	16	138	—	574	322	175	526
Infective Enteritis	61	11	2	7	41	22	41	5	11	13	2	2	252	98	259	212	167	445	372	253	550
Puerperal Pyrexia	44	28	40	41	56	57	67	82	43	30	24	25	22	25	40	47	23	24	13	20	24
Ophthalmia Neonatorum	18	23	13	23	28	21	12	15	19	13	20	13	15	36	29	25	16	20	12	9	3
Pemphigus	—	—	—	—	—	—	1	18	6	3	—	8	—	—	—	—	—	—	2	3	8
Erysipelas	171	177	147	176	144	168	159	147	138	121	123	115	90	95	104	104	101	119	103	97	91
Pulmonary Tuberculosis	305	273	232	274	253	194	237	161	167	195	182	150	165	170	168	207	276	249	230	280	305
Non-Pulmonary Tuberculosis	124	69	79	105	100	84	61	30	41	75	51	30	45	55	64	61	83	67	58	53	54
Pneumonia	636	337	361	499	514	428	342	382	490	506	430	195	251	241	289	338	445	399	494	407	476
Diphtheria	380	846	930	891	872	631	353	246	317	361	588	717	441	144	37	15	19	—	1	—	—

Infectious and Other Diseases

V. P. McDonagh, m.b., ch.b., d.p.h.,
Deputy Medical Officer of Health

The diseases "notifiable" in Bradford are: cholera, diphtheria, dysentery, encephalitis (acute), enteric (typhoid or paratyphoid) fever, erysipelas, malaria, measles, membraneous croup, meningococcal infection, ophthalmia neonatorum, plague, acute primary pneumonia, acute influenzal pneumonia, poliomyelitis (acute), puerperal pyrexia, relapsing fever, scarlet fever, smallpox, tuberculosis, typhus, whooping cough. In addition, food poisoning (or suspected food poisoning) is notifiable under Section 17 of the Food and Drugs Act, 1938.

The number of notifications of infectious diseases received in the period 1933—1953 are shown in Table 1.

There were no cases of the following diseases notified in the city during the year—smallpox, diphtheria, typhoid or paratyphoid fevers, polio-encephalitis, encephalitis lethargica, anthrax or malaria.

Smallpox

Cases 0.

Although no cases of smallpox occurred in the city during the year, a fatal case developed in a nearby area early in May. This case, a young man, had been visiting Bradford on the evening of which he took ill, so that when the news was published in the press there was an immediate demand on the part of the public for vaccination, despite re-assurance that only people who had been in close contact with the case required to be vaccinated. Steps were immediately taken to discover the close contacts of the case, who lived in Bradford, and offer them vaccination. This offer was in no case refused. Much difficulty was met in obtaining names and addresses of close contacts as the young man had been with a number of adolescents at a speedway meeting, who were, in many cases, somewhat vague about the second names of their friends. However, after a great deal of trouble it was felt that all the close contacts who lived in Bradford were discovered and vaccinated. Daily medical surveillance of these close contacts continued until 17 days after the onset of the illness. As only one of the close contacts had been previously vaccinated, we were very worried during this period as to the the possible outcome. It is interesting to record that despite the unvaccinated state of the contacts, no secondary case developed as a result. Much conjecture has arisen as to why this was so, and it would seem that in these extremely acute cases, the onset is so sudden that the patient is confined to bed before he has really become highly infectious. It is the mild case in the partially protected individual which is more likely to cause a large number of secondary cases.

On becoming aware of the danger, letters were sent to all general practitioners in the city informing them of the occurrence, and also giving some details of the patient's movements before the onset of the illness. In addition, details of vaccination sessions at the Morley Street Health Centre were included. During this period all adult cases of chicken pox which the general practitioners felt looked severe, were notified to the Department and visited and examined. In addition, many cases of unusual rashes were notified to the Health Department by general practitioners and were visited by the Medical Officer of Health, or the Deputy Medical Officer, and in one or two cases, by Dr. Beach, the consultant in infectious diseases. The Deputy Medical Officer also took full advantage of the nearness of the smallpox cases and visited the Oakwell Hospital frequently in order to watch the progress of the disease in different patients. It was felt that this would be of great value in the event of the development of secondary cases in the city, and also was of great help in the differential diagnosis of the many unusual rashes which were brought to our notice.

At the demand of the public, vaccination facilities were immediately made available at the Morley Street Health Centre in accordance with a previously prepared plan. The following table shows the number of persons vaccinated there in the period.

TABLE 2 *Numbers Vaccinated at the Morley Street Health Centre.*

Date	Number	Date	Number
4th	5	11th	5,182
5th	34	12th	4,766
6th	880	13th	3,766
7th	3,456	14th	16,040
8th	4,431	15th	1,170
9th	4,144	16th	262
		Total	29,983

Although the demand was great, as will be seen from the table, the arrangements in general worked very smoothly. The vaccinations were carried out by medical officers of the Health Department staff, assisted by health visitors and school nurses, from 9 a.m. until 10 p.m., and at no time was it necessary to call in medical help from outside sources. Each team consisted of a medical officer, a clerk, and two health visitors or nurses, and throughout the multiple puncture technique was used. This method required no dressing following vaccination and in consequence saved an enormous amount of time at a period when the demands on the staff were so great. As would be expected there was a certain amount of disorganisation of the school health and child welfare work, but it is felt that this was far less than might have been, as the bulk of the demand was during the evening session from 5.30 to 10 p.m. It might be interesting to record that many different methods were devised for the application of the lymph to the arms in an effort to obtain economy, and eventually it was decided the most economical method was for the nurses to have the lymph in a tiny bottle and to apply the lymph with a glass rod drawn out fine with a small bulbous end. A good light so that the doctor could see the small drop of lymph was necessary.

As a result of vaccinations totalling 52,863 only one case of death from vaccinia occured. This was in a baby who had previously suffered from a mild form of allergic eczema. As would be imagined, however, there were numerous severe reactions to the vaccination, as many were primary vaccinations in adults of all ages. Private practitioners were inundated with demands for vaccination, and in all they vaccinated 20,878 of the above total.

While we were relieved that no secondary cases occurred, there was the feeling that the publicity of the case in the press caused a certain amount of needless anxiety among the public. In the control of smallpox, what is required is the immediate vaccination or re-vaccination of the close contacts and their surveillance for the extreme incubation period. Yet, because of the publicity and the public fear, a large amount of work was thrown upon the Health Department and the practitioners of the city, most of which we felt was unnecessary. However, it would be difficult to refuse vaccination, and the general policy of the Department was that vaccination was available for those who desired it, but that it was not being recommended. It was exphasized time and again that all the close contacts had been discovered, vaccinated and kept under surveillance.

During this period the close contacts were put off work and they volunteered to remain confined to the house where they were visited daily by the Deputy Medical Officer. In virtue of the powers given to the Local Authority in the Bradford Corporation Act, 1949, full compensation for loss of earnings of these contacts was paid. There is no doubt that this was an extremely valuable power but nevertheless the collaboration of the contacts was much appreciated.

Scarlet Fever

Cases 872. Deaths 0.

The number of notified cases of scarlet fever was higher than for nine years. The disease continued to be mild, however, and there were no deaths. The disease was so mild, in fact, that it seems probable that many cases went undetected.

TABLE 3 *Cases of Scarlet Fever Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	80	62	69	57	74	71	75	32	33	79	108	132

Measles

Cases 2,822. Deaths 0.

The number of cases of measles was the lowest since 1948, and there were no deaths.

TABLE 4 *Cases of Measles Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec
Number of Cases ..	411	550	448	387	441	247	192	110	21	8	3	4

German Measles

Cases 3,703. Deaths 0.

The number of cases of german measles was the highest for many years, but there were no deaths.

TABLE 5 *Cases of German Measles Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	508	653	835	841	541	167	59	38	16	22	11	12

Chicken Pox

Cases 2,574. Deaths 0.

There is nothing unusual to report about the number of cases of this disease.

TABLE 6 *Cases of Chicken Pox Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	402	353	397	401	294	211	105	52	16	58	91	194

Whooping Cough

Cases 1,564. Deaths 2.

There were 1,564 cases compared with the 634 of the previous year. There were two deaths, both of infants less than two years of age.

TABLE 7 *Cases of Whooping Cough Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	101	71	113	148	167	193	224	212	134	83	51	67

Acute Anterior Poliomyelitis

Cases 15. Deaths 2.

Again the city remained free of any heavy attack of this disease.

TABLE 8 *Cases of Poliomyelitis Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	—	—	—	—	—	—	—	4	4	6	1	—

TABLE 9 *End Results of Cases of Poliomyelitis*

				Degree of Disability		
Number			Severe	Moderate	Mild	None
Surviving	(1) Paralytic	10	3	3	4	—
	(2) Non-paralytic	3				
Deaths		2				
	Total	15				

Cerebro-Spinal Meningitis

Cases 1. Deaths 0.

Bacillary Dysentery

Sonne Dysentery

Cases 526. Deaths 0.

There were 526 cases of dysentery during the year as against 322 in the previous year. It is clear that dysentery is a disease of the colder months; the heavy incidence being during October, November and December. Previous arrangements were continued with general practitioners; faeces specimens were collected for bacteriological examination from all cases notified as dysentery or infective enteritis, to confirm diagnosis. This arrangement has been very successful and has probably increased the number of cases coming to our notice. As might be expected, day nurseries and nursery schools proved important foci of infection. During the year we continued our efforts to control the spread of infection in day nurseries by the prophylactic use of sulphonamides and streptomycin. Prophylactic treatment followed the usual line already described (*Annual Report*, 1951), except that on several occasions guanimycin was used. This was given in a dosage of half an ounce four times a day for one period of 24 hours to children, and one ounce four times in 24 hours for the staff. We feel that this may not have been a long enough period of treatment and propose to increase it to a 48 hour period. However, at the time this was used there was a considerable amount of dysentery in the city, and, therefore, the increased possibility of reinfection, together with the very short period of treatment, might have affected the results. Much discussion has recently centred around the symptomless excreter in the spread of the disease. In our experience in day nurseries, admitting only children under five years of age, the symptomless excreter was rare. Practically all the children found to be excreting the organism had suffered from the disease, although the symptoms varied from extremely mild to very severe. In the case of adults, however, many more symptomless excreters were discovered, but it was difficult to say what consequence this had on the spread of the disease.

The heavy incidence of the disease towards the end of the year to some extent affected our faith in the efficacy of prophylactic treatment. However, there was such a great amount of extra work involved in dealing with the notifications and the numerous secondary cases found in the households that it was necessary to limit our follow-up to the households concerned. Inevitably, there were more infected people going about without treatment than during our earlier efforts at control, and this must, therefore, have increased the chances of reinfections occurring quickly in the day nursery.

We believe, therefore, that prophylactic treatment of contacts in day nurseries is of value in dealing with an isolated outbreak, but that this value is more doubtful in the presence of a widespread epidemic.

TABLE 10 *Cases of Sonne Dysentery Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	—	22	39	6	4	9	22	28	32	105	184	75

Table 11 *Age Distribution of Cases of Sonne Dysentery*

Age		No.
Under 5	..	251
5—14	..	195
15—44	..	66
45—64	..	12
65 and over	..	2
	Total	526

Infective Enteritis

Cases 550. Deaths 4.

There were 550 cases of infective enteritis with only 4 deaths against 253 cases and 15 deaths in the previous year. All 4 deaths occurred in children under one year. The term "infective enteritis" included all manner of diarrhoea coming to our notice, but nevertheless we believe that many of these cases were Sonne dysentery which had failed to produce bacteriological proof. There is little doubt that the notification of this condition is of great value in helping to make a rough estimate of the kind of dysenteric disease present in an area.

Table 12 *Age Distribution of Cases of Infective Enteritis*

Age		No.
Under 1	..	65
1—4	..	126
5—14	..	165
15—24	..	39
25—44	..	105
45—64	..	39
Over 65	..	11
Total		550

Food Poisoning

Cases 19. Deaths 0.

Table 13 *Summary of Details*, 1953

Food Poisoning Notifications returned to the Registrar General

1st Quarter	Nil
2nd Quarter	1
3rd Quarter	15
4th Quarter	3
Total	19

Outbreaks due to Identified Agents

Total outbreaks—2	Total Cases—5

Outbreaks due to:—

(*a*)	Chemical poisons	Nil
(*b*)	Salmonella organisms	2
(*c*)	Staphylococci (including toxin) ..	Nil
(*d*)	C.I. botulinum	Nil
(*e*)	Cl. welchii	Nil
(*f*)	Other bacteria	Nil

Outbreaks of Undiscovered Cause.

Total outbreaks—2	Total cases—11

Single Cases

Number of single cases 3

An outbreak in the 4th quarter of the year, due to *Salmonella typhimurium*, was considered to be due to the consumption of infected meat pies. The symptoms of abdominal pain and diarrhoea which came on between 9 to 18 hours after consumption of the pies were quite severe, and the upset persisted for about six days. It was not possible to obtain any left-over pies owing to the interval between the occurrence and it being brought to our notice. Two of the three faeces specimens obtained from the staff at the shop where the pies were bought yielded *Salmonella typhimurium.* The food handlers were prohibited from working and the proprietor employed extra staff to carry on the business. Samples of recently made meat pies, powdered gelatine and a small quantity of liquid egg glaze used for glazing the pastries were sent to the laboratory and *Salmonella typhimurium* was isolated from the gelatine and liquid egg glaze. The gelatine was destroyed and further samples were obtained of the shop's raw materials and products including powdered gelatine, egg glaze powder, liquid egg glaze (stock), compound cooking fat, rusks, milk, vanilla slice, two cream cakes, meat paste and dried milk. *Salmonella typhimurium* was isolated at the laboratory from the meat paste only. As the proprietor asserted that the infected gelatine sample had been obtained from a seven pound sack which had not been opened at the shop prior to sampling, the bulk gelatine from the previous supplier and also the gelatine further back from the wholesaler were sampled with negative results.

From the investigation it appeared highly probable that one or other, or both, of the confectioners were symptomless excreters at the time of the infection of the meat pies and contaminated the meat. In addition, there is evidence that they had contaminated several different articles of food in the shop, e.g., egg glaze, gelatine and meat paste. Quite apart from the cases, this bacteriological evidence demonstrated a very low standard of hygiene in the shop, although cleanliness was ostensibly good, and strong efforts were made to improve conditions there and to explain to the staff the method of the spread of the disease. Both confectioners denied having symptoms, but had been on holiday recently and could have become infected during that period.

The condition cleared up rapidly and after two negative specimens at a week's interval from each, they were allowed to recommence work. It is of interest to record that action was taken under the Public Health (Infectious Diseases) Regulations, 1953, in prohibiting two food handlers from working until certain that they were free from infection, and that compensation was paid.

Salmonellosis

Cases 12. Deaths 0.

Twelve cases of Salmonella infection were discovered during the year, mostly as a result of routine swabbing of contacts of cases of dysentery.

In eleven cases the organism was *Salmonella typhimurium*, and in one case *Salmonella meleagridis*.

All the cases were followed up, but we were unable to discover how the infection had been acquired. In no case, however, was any immediate association with food established.

Puerperal Pyrexia

Cases 24.

There was no significant increase in the number of cases.

Ophthalmia Neonatorum

Cases 3.

None of these cases resulted in any permanent visual disability.

Pemphigus

Cases 8.

Erysipelas

Cases 91.

The number of cases was slightly less than in 1952.

Pulmonary Tuberculosis

New Cases 305. Deaths 41.

Non-Pulmonary Tuberculosis

New Cases 54. Deaths 8.

(*Further comment on tuberculosis is given in the report of the Chest Physician.*)

Pneumonia

Cases 476. Deaths 215 (all forms).

There were 69 more cases and 49 more deaths than in 1952.

Influenza

Deaths 31.

TABLE 14 *Deaths from Influenza*, 1941–53

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Deaths	64	29	115	29	38	41	20	6	76	23	94	12	31

Vaccination and Immunisation

(*Section* 26, *National Health Service Act,* 1946)

Smallpox Vaccination

During the year there were 32,035 primary vaccinations and 20,828 revaccinations (representing together over 18 per cent of the population), as against 1,031 primary and 886 revaccinations in 1952. This tremendous increase was due to the fact that following the outbreak of variola major in parts of Lancashire and Yorkshire during March and April, a man from the neighbouring Baildon U.D. took ill with the disease. During what was thought to be this man's infectious stage, he had travelled extensively in and around the city, and had attended a speedway meeting and visited a cinema. Whilst the long view may be generally that it is desirable to have as large a percentage of the population as possible in a recently vaccinated state, the "scare" which followed publication of the fact of the man's attendance at the speedway meeting was most undesirable. Over fifty thousand persons were vaccinated, in the main, in a period of less than two weeks.

During the year, apart from vaccinations against smallpox, 54 persons who intended to go abroad were innoculated by local authority medical officers with T.A.B. vaccine, 39 with cholera vaccine, 6 with tetanus vaccine and 5 with typhus vaccine.

Diphtheria Immunisation

During the year 5,708 children under 15 years of age were immunised against diphtheria, as against 5,787 in 1952. Of this total, 2,740 were immunised by medical officers of the local authority and 2,968 by general practitioners. It is pleasing to record that the rise in the number immunised from 4,584 in 1951 to 5,787 in 1952 was maintained in the year under review.

There were no cases of diphtheria notified during the year, but only if these immunisations are maintained can we be certain of preventing diphtheria from gaining a foothold in the city.

On 31st December it was estimated that 42 per cent of the children nder five years of age, and 85 per cent of the age group 5–15 had been mmunised against diphtheria.

Vhooping Cough Immunisation

Of the 2,968 children who were immunised against diphtheria by eneral practitioners (above), 578 received a combined diphtheria/ ertussis vaccine.

The trial scheme on behalf of the Medical Research Council (referred o in the Report for 1952) was started in July. During the next five nonths 477 children were immunised with one of the three vaccines, nd so the total number of children receiving protection against vhooping cough was 1,005.

As the M.R.C. trial scheme will not end until mid 1955, no conclusions ave been drawn as to the respective efficacy of the three vaccines.

Bradford Chest Clinic

D. K. Stevenson, M.B., Ch.B., M.R.C.P., *Senior Chest Physician.*

During 1953 the Bradford Chest Clinic was temporarily housed in a villa in the grounds of St. Luke's Hospital. Although the accommodation was cramped the quality and volume of the work was maintained and great benefit was obtained by the proximity of the services of St. Luke's Hospital and especially by the proximity of the X-Ray Department where a close liaison with the Chest Clinic exists. Despite the relative overcrowding the medical, nursing and clerical staff co-operated very well and gave a good service with as little inconvenience as possible to the patients. The removal from the old premises in Howard Street in November 1952 enabled two chest physicians to consult at the same time in adjacent consulting rooms, with an adjoining room for the X-Ray screening of patients. This resulted in a better service and also reduced the waiting time for patients.

During 1953 we watched the slow and steady development of the new Outpatient Department and Chest Clinic in St. Luke's Hospital and a final removal to our new Clinic was made in January 1954.

The repeated removals during the past fifteen months have necessitated much extra work and we are indebted to Miss A. Snowden, our chief clerk, for her organisation which enabled these changes to take place without inconvenience to the patients. It is regretted that Miss Snowden had to retire at the end of December 1953, on the grounds of ill health after 39 years of loyal devotion and loving service at the Bradford Chest Clinic.

During 1953 two full-time health visitors undertook tuberculosis visiting of tuberculous patients in their homes and they were assisted in this task by the other general purpose health visitors. In December 1953 an additional three full-time health visitors were appointed and by the end of the year the five tuberculosis visitors were working from this base at the Chest Clinic.

Tuberculosis is an infectious, and often a family disease, and it is in the patient's own home that the battle against it and its prevention takes place. All newly notified cases are visited within one week, and all notified cases regularly. The health visitors give advice and arrange for the examination of contacts, they explain the principles of hygiene, how to destroy infectious sputum, how to rearrange the sleeping accommodation, and they advise the Chest Physician with regard to the rehousing of overcrowded families. They explain about the special treatment allowances paid by the National Assistance Board and arrange for the B.C.G. vaccination of susceptible persons and the boarding out of children. The health visitor is a valuable link in the prevention of tuberculosis in that she brings the principles of the Chest Clinic into the patient's home and at the same time is a valuable liaison between the Clinic and the many departments of the Medical Officer of Health.

The grant of free milk to patients within the N.A.B. scale is a great asset, as an adequate diet for all patients is an essential in the treatment of tuberculosis.

During 1953 there were 9,666 attendances at the Clinic sessions. There were 3,001 new patients; an increase of 882 from 1952, and 6,665 re-attendances; a decrease of 183 from 1952. The decrease in re-attendances is due to the fact that the interval between patients' appointments has been extended. Over all there was an increase of 699 Clinic attendances from 1952.

In the Report for 1952 the number of attendances at the Clinic was stated to be 16,743. Of this number, however, only 8,967 were clinic attendances; 4,249 were X-Ray examinations and 3,527 were special investigations including the examination of sputum and interviews in connection with welfare.

The following is a summary of clinic attendances:

New patients	1,734
New Contacts	1,267
Re-attendances	4,383
Pneumo-thorax clinic	2,034
B.C.G. vaccinations	162
Thoracic Surgical consultations	86
Total	9,666
Clinic sessions	548

TABLE 15 *Vital Statistics for the Bradford Chest Clinic for* 1953.

		Respiratory			Non-respiratory			Totals			Grand Totals
		M	W	Ch.	M	W	Ch.	M	W	Ch.	
Number of notified cases of tuberculosis on Clinic Register on 1.1.53		717	489	89	51	45	55	768	534	144	1446
Transfers from clinics under other hospital management committees or boards of governors		18	14	3	—	1	1	18	15	4	37
Children transferred to adults..		5	3	—	2	—	—	7	3	—	10
Cases lost sight of returned to the Clinic		13	14	—	—	—	—	13	14	—	27
Number of new cases diagnised in 1953	TB —	72	67	22	9	12	6	81	79	28	188
	TB +	92	30	2	6	5	1	98	35	3	136
Totals		917	617	116	68	63	63	985	680	179	1844
Cases removed from Clinic Registers in 1953	Recovered	21	43	8	10	14	8	31	57	16	104
	Died (all causes) ..	27	9	—	2	1	—	29	10	—	39
	Removed to other areas	16	16	—	—	1	—	16	17	—	33
	Children transferred to adults ..	—	—	8	—	—	2	—	—	10	10
	Other reasons ..	24	9	5	4	4	6	28	13	11	52
Totals		88	77	21	16	20	16	104	97	37	238
Number of notified cases of tuberculosis on Clinic Registers on 31.12.53		829	540	95	52	43	47	881	583	142	1606
Number of above with a positive sputum		—	—	—	—	—	—	99	62	—	161
Number of persons (excluding transfers) first examined in 1953		—	—	—	—	—	—	1148	1116	737	3001
Contacts examined	Diagnosed as tuberculous ..	—	—	—	—	—	—	2	6	8	16
	Not tuberculous ..	—	—	—	—	—	—	221	380	163	764
	Not determined on 31.12.53 ..	—	—	—	—	—	—	22	36	429	487
Patients on the Clinic Register awaiting admission to a sanatorium		3	2	2	—	—	1	3	2	3	8

The statistics in Table 15 refer to the Tuberculosis Register kept at the Chest Clinic, and in the past this Register only recorded notified cases of tuberculosis who attended at the Clinic. At the present time efforts are being made to make the Tuberculosis Register at the Clinic correspond more accurately with the Register of Notified Cases of Tuberculosis held by the Medical Officer of Health. The statistics from the Chest Clinic Register also include cases from Pudsey, but these are only a fraction of the total.

During the year 1953 there were 174 adult males notified as suffering from tuberculosis in Bradford C.B., and the average age of notification was 37 years.

There were 108 adult females discovered to have tuberculous disease and the average age on notification was 28 years 4 months.

The total number of contacts to adult cases notified in 1953 was 725, and the number of these examined at the Clinic was 589 (81·1 per cent), which confirms that the health visitors are exercising a strong influence in obtaining the support of the contacts to attend for examination. The majority of the defaulters are those people in full time employment who do not wish to have time off work. During 1954 arrangements for these people to attend for examination outside working time are being made.

The average number of contacts to each adult case is approximately 2·5.

Of the contacts examined, 16 (2·73 per cent) were discovered to have tuberculous disease (two males, six females and eight children).

The number of contacts who re-attended and were kept under review was 678.

The following is an analysis of the occupations of the 174 adult males and the 108 females who were discovered to have tuberculosis in 1953:

Males	
Textiles	41
Engineering	28
Unskilled labourers	20
Lorry and 'bus drivers	14
Clerical workers	14
Catering trade and publicans	13
Armed Services	11
Hospital Staff	1
Miscellaneous	32
	174

Females	
Housewives	48
Textiles	32
Clerical workers	16
Hospital staff	3
Miscellaneous	9
	108

During 1953 there were 50 deaths from tuberculosis in Bradford, excluding 13 discovered to have tuberculous disease following death. Only 39 of the 50 were notified on the Clinic Register.

Of these 50 deaths 38 were males and 12 females. The average age of the males was 49 years; the average time between notification and death was 2 years 3 months and 32·5 per cent had been notified less than six months. The average age of the female deaths was 48 years; the average time between notification and death was 2 years 9 months and the percentage notified less than six months was 25. It will be evident from these figures that many cases of tuberculosis and the majority of deaths are in respect of those people whose disease was well advanced at the time of diagnosis.

The average age of the ten males and the three females who were discovered to have tuberculosis after death was 61, and all contacts were interviewed and the majority examined at the Clinic.

Prior to January 1953, B.C.G. vaccination had not been carried out in Bradford except in a few selected cases. In 1953 a B.C.G. programme was introduced and 149 vaccinations were done. Thirty three babies were vaccinated in the Maternity Unit of St. Luke's Hospital where all the tuberculous women are confined, and in respect of 12 of the mothers the disease was not considered to be quiescent and the babies were segregated in Oakwell House until Mantoux conversion had occurred.

During 1953, details of 187 tuberculous families were submitted with a view to rehousing; 66 were rehoused and a further 5 are awaiting a suitable tenancy. The number remaining under consideration wa 116, but the medical evidence is not sufficiently strong for immediat action to be taken.

The Mass Radiography survey completed in the winter of 195 examined 21,619 people in Bradford. Of these, 26 (0·12 per cent) wer discovered to have active tuberculosis. As this ground had been covere by previous surveys in Bradford by the Mass Radiography Unit it is not surprising that a low incidence of tuberculosis was detected. Nevertheless it indicated that at a minimum there are still approximately 360 undiagnosed cases of tuberculosis in the city and with approximately 80 single and group practices that each practice has at least 4 undetected cases or alternatively that there are 1·2 cases per thousand population.

During 1954 it is anticipated that a 5 inch by 4 inch X-Ray camera will be in operation at the Chest Clinic and that this camera will be available directly to the general practitioners. Furthermore it is planned to offer X-Ray examination of the chest, by the M.M.R. Unit which operates once weekly from its base at St. Luke's Hospital, to all pregnant women in the city.

Schemes for the B.C.G. vaccination of school leavers and also for the tracing of adult cases of tuberculosis by the contact examination of positive jelly test reactors amongst school entrants are under discussion by the Local Authority. It is hoped and anticipated that in 1954 a greater, more ambitious and more determined programme will be launched for the detection of unknown cases of tuberculosis in the community in order that treatment which is highly successful in early cases may be made available to the individual, and that the present methods of prevention and the protection with B.C.G. vaccination will help to reduce the tuberculosis incidence.

Venereal Diseases

We are indebted to Dr. J. A. Burgess, Consultant Venereologist, for the following report:

The number of new patients attending the Special Treatment Centre at St. Luke's Hospital during 1953 increased by 24 per cent compared with the previous year. The increase in new cases was made up as follows:

	%
Syphilis	1
Gonorrhoea	67
Non-venereal conditions	23

Although there was a small rise in the total number of new cases of late (non-infectious) acquired syphilis, it is gratifying to record that early (infectious) acquired syphilis fell to the record low level of only nine cases.

There were no cases of congenital syphilis in children under one year of age and no cases of chancroid.

The increase in the number of new cases of gonorrhoea is not confined to Bradford and district but has occurred to some extent all over the county. A considerable percentage of the so-called non-venereal conditions are acquired venereally and in future years it might be better to use the term "other conditions" for this group.

Every effort is made to ensure that all contacts of known cases of venereal disease are examined. In this work Miss J. Anderson, a social worker employed by the Health Committee, gives most valuable help. In brief she has three main tasks:

1. Social work in the clinic. Persons suffering from venereal diseases are unable to seek the help and advice of relations and friends in the same way as those with other diseases, so a friend and adviser in the clinic is essential. Patients are interviewed and advised how best to deal with the various and numerous socio-medical problems which arise at home and at work.

2. Case finding. Information about possible cases of untreate venereal disease is obtained from a variety of sources. It is then th social worker's duty to arrange for the examination of these suspecte cases.

3. Case holding. Of the 573 patients under treatment or surveillanc during 1953 for venereal disease, 51 (9 per cent) were removed from th register as permanent defaulters. This number would have been muc

larger had it not been for the work of the social worker in discovering and helping to overcome the reasons for defaulting. Numerous letters were sent out and a total of 299 visits paid to defaulters.

The staff of the Special Treatment Centre, medical colleagues at the hospital and the Public Health Bacteriologist have continued to give loyal help. To all these people the Medical Officer wishes to express his thanks.

The following tables give statistical details of the number of admissions, discharges, attendances, geographical distribution and pathological examinations during 1953:

TABLE 16 *Number of New Registrations and Attendances at Clinic,*

1932–1953

	Venereal Diseases		Non-Venereal Diseases		Total Attendances	
Year	Male	Female	Male	Female	Male	Female
1932	336	111	146	68	16,720	4,243
1933	460	146	149	84	21,991	4,921
1934	386	96	188	78	19,811	5,471
1935	438	157	177	73	21,461	6,620
1936	277	131	140	63	15,714	5,237
1937	366	105	151	72	19,429	6,520
1938	363	134	197	88	15,622	5,869
1939	333	129	200	69	10,408	3,906
1940	278	100	143	69	7,687	4,916
1941	423	111	148	113	7,376	4,050
1942	304	156	140	91	6,639	5,266
1943	352	193	216	190	7,525	6,171
1944	292	221	223	221	7,530	6,797
1945	343	310	259	238	10,064	10,472
1946	815	291	554	212	16,487	10,677
1947	622	287	456	226	11,235	9,326
1948	358	229	440	144	9,040	6,859
1949	293	184	400	133	7,957	5,647
1950	228	148	431	155	7,659	4,582
1951	194	107	390	101	7,370	4,292
1952	156	95	388	105	6,087	3,770
1953	160	103	458	141	7,239	3,957

TABLE 17 *Analysis of the Cases admitted and discharged during the year* 1953

(*a*) ADMISSIONS

	Males	Females	Total
1. Number of cases under treatment or observation on 1st January, 1953:-			
Suffering from syphilis	114	132	246
Suffering from gonorrhoea	18	4	22
Suffering from other conditions	50	13	63
Totals	182	149	331
2. Number of cases defaulting during previous years who returned in 1953:—			
Suffering from syphilis	9	15	24
Suffering from gonorrhoea	6	—	6
Suffering from other conditions	—	—	—
Totals	15	15	30
3. Number of new cases dealt with for the first time during 1953, suffering from:-			
Early (infectious) acquired syphilis	5	4	9
Late (non-infectious) acquired syphilis	33	36	69
Congenital syphilis	5	10	15
Gonorrhoea	87	32	119
Chancroid	—	—	—
Non-venereal conditions	454	140	594
Totals	584	222	806
4. Number of cases transferred from other treatment centres, suffering from:-			
Syphilis	12	5	17
Gonorrhoea	3	1	4
Other conditions	4	1	5
Totals	19	7	26
Total of items 1, 2, 3 and 4	800	393	1193

(*b*) DISCHARGES

	Males	Females	Total
5. Number of cases discharged after completion of treatment and surveillance, suffering from:-			
Syphilis	25	15	40
Gonorrhoea	68	13	81
Other conditions	418	104	522
Totals	511	132	643
6. Number of cases defaulting before completion of treatment or surveillance, suffering from:—			
Syphilis	14	13	27
Gonorrhoea	16	8	24
Totals	30	21	51

	Male	Females	Total
7. Number of cases under treatment or surveillance known to have died during 1953	5	4	9
8. Number of cases transferred to other treatment centres, suffering from:-			
Syphilis	6	5	11
Gonorrhoea	8	—	8
Other conditions	12	1	13
Totals	26	6	32
9. Number of cases remaining under treatment or surveillance on 31st December, 1953, suffering from:-			
Syphilis	128	166	294
Gonorrhoea	22	16	38
Other conditions	78	48	126
Totals	228	230	458
Totals of items 5, 6, 7, 8 and 9	800	393	1193

TABLE 18 *Number of Attendances distributed according to Disease*

	Attendances Male	 Female	 Total
Patients suffering from Syphilis	3572	3129	6701
Gonorrhoea	745	226	971
Other conditions ..	2922	602	3524
Totals	7239	3957	11196

TABLE 19 *Geographical Distribution of New Cases seen during the Year*

Area	Syphilis	Gonorrhoea	Other Conditions
Bradford	75	104	489
Dewsbury	—	—	2
Halifax	—	—	3
Huddersfield	—	—	2
Leeds	1	—	11
West Riding County Council..	17	15	87

TABLE 20 *Pathological Examinations*, 1953

	Treatment Centre	Public Health Laboratory
Microscopical examinations for syphilis	92	—
Microscopical examinations for gonorrhoea ..	1038	—
Cultural examinations for gonorrhoea	—	595
Blood tests for syphilis	—	2254
Blood tests for gonorrhoea	—	38
Cerebro-spinal fluid examinations	—	155
Others	246	36

New Claims for Sickness Benefit

The number of new claims for sickness benefit made in Bradford during 1952 and 1953 were as follows:

Month	Week	1952	1953
January ..	1	744	1463
	2	1078	1178
	3	988	1008
	4	933	1053
	5	906	1310
February ..	6	1000	1312
	7	988	1658
	8	978	1613
	9	966	1326
March	10	1018	1197
	11	1038	1146
	12	932	1107
	13	972	991
April	14	947	532
	15	959	943
	16	595	983
	17	1028	871
	18	855	861
May	19	707	802
	20	661	843
	21	661	663
	22	703	584
June	23	436	717
	24	609	704
	25	581	697
	26	633	727
July	27	660	707
	28	643	681
	29	607	632
	30	531	609
	31	656	
August ..	32	497	458
	33	497	470
	34	478	545
	35	605	650
September ..	36	624	631
	37	663	717
	38	702	752
	39	727	871
	40	842	865
October ..	41	853	1004
	42	885	946
	43	909	926
	44	915	982
November ..	45	788	989
	46	799	979
	47	893	969
	48	928	911
December ..	49	1003	904
	50	1070	918
	51	972	801
	52	813	741
	53	597	531

Section 3

Care of Mothers and Young Children

MOTHERS AND CHILDREN UNDER SCHOOL AGE

EXPECTANT AND NURSING MOTHERS

CHILD WELFARE CLINICS

DAY NURSERIES

THE UNMARRIED MOTHER

MUNICIPAL MIDWIFERY SERVICE

PREMATURE BIRTHS

MIDWIFERY TRAINING SCHOOL

NURSERIES AND CHILD MINDERS REGULATIONS ACT

HEALTH VISITING

DENTAL CARE

Section 3

Care of Mothers and Young Children

(*Section* 22, *National Health Service Act*, 1946)

H. M. GALL, M.B., CH.B.,

Senior Medical Officer of Health for Maternity and Child Welfare

Mothers and Children under School Age

During the year an additional day nursery was opened in Laisterdyke and a combined health centre was opened at Odsal to meet the needs of the large new housing estate in the Buttershaw district. The branch Maternity and Child Welfare Clinic in Low Moor was closed and two smaller clinics were started at Wyke and Mandale Road to cover the need in the outlying districts.

Resignations from the nursing staff created gaps which were filled only after long delays, and at the end of the year the health visiting and midwifery staffs still had vacancies.

It is disappointing that the Health Visitors' and Midwifery Training Schools have not done more to solve staffing difficulties. Applicants for both types of training have been few. This has been general throughout the country, and must be attributed to comparatively higher rates of pay and incentives in hospital. Non-resident appointments are sought by young married nurses and, of necessity, such appointments tend to be for short periods only.

Expectant and Nursing Mothers

Ante-Natal Supervision

During the year the domiciliary midwives booked 2,635 cases and of these, at the end of the year, 1,750 had arranged for Obstetric Medical Service from practitioner obstetricians. For the convenience of patients, doctors and midwives, much of the ante-natal supervision in the early months of pregnancy is carried out in Local Health Authority and Child Welfare Centres. There are seven centres at which ante-natal clinics are held:—

The Central Clinic, Wilton Street
Bierley Health Centre
Usher Street Health Centre
Ravenscliffe Child Welfare Centre
Mandale Road Child Welfare Centre
Odsal Health Centre
Girlington Methodist Chapel

There are 30 "doctor' " sessions and 52 "midwives' " sessions monthly.

900 new patients with a total attendance of 3,632 attended doctors' sessions.
1,861 new patients with a total attendance of 9,738 attended midwives' sessions.

One session is held weekly at the Central Ante-Natal Clinic for blood examinations. 3,207 examinations were made.

Post-Natal Clinics

There are four post-natal clinic sessions monthly at the Central Clinic, Edmund Street.

189 patients made 289 attendances.
103 patients made 103 attendances at Bierley Ante-Natal Clinic.
36 patients made 36 attendances at Usher Street Ante-Natal Clinic.

Child Welfare Clinics

The total number of children brought to clinics during the year was 7,460. These children made 57,528 attendances at the 20 Welfare Clinics established in the city.

A total of 3,228 children under one year were brought to the clinic for the first time; this equals 69 per cent of the total live births. It is disquieting that so many of these children cease to attend on reaching the age of one year. Of approximately 20,000 children between the ages of 1—5, only 4,385 were brought to the clinics during the year. Of the remainder only some 500 are under supervision at the nurseries. During the age period 1—5 years these children may develop orthoaedic disabilities and chronic minor ailments which are not recognised by the parents as important until the defects are brought to their notice by the School Health Service. The result may be an increase in the number of children requiring special treatment during their school years. It is particularly important that these children should have dental care in the pre-school period.

The movement of larger family units from the central areas of the city to the new housing estates makes the existing improvised clinics held in rented premises very inadequate. A new permanent centre is urgently required for the Thorpe Edge Estate.

Child Welfare Clinics in Bradford

Clinic	Days of Attendance	Time of Attendance	Attendances during year
Central, Edmund Street	Daily	Morning and Afternoon	13,904
Southend Hall	Thursday	Afternoon	748
Otley Road	Wednesday	Morning and Afternoon	4,079
Brownroyd	Tuesday	Morning and Afternoon	4,535
Saint Street	Monday, Tuesday and Friday	Monday a.m., Tuesday and Friday p.m. ..	4,057
Usher Street	Wednesday	Afternoon	2,293
Clayton	Alternate Wednesdays	Afternoon	1,300
Odsal	Tuesday, Wednesday and Thursday ..	Afternoon	2,517
Green Lane	Monday and Thursday	Afternoon	3,785
Lapage Street	Monday and Thursday	Afternoon	4,491
Idle	Tuesday	Afternoon	1,955
Bierley	Thursday	Afternoon	1,698
Muff Field	Friday..	Morning	3,187
Esholt	Wednesday (monthly)	Afternoon	189
Ravenscliffe (The Park)	Friday..	Afternoon	2,844
Daisy Hill	Alternate Mondays ..	Morning	1,190
Lidget Green	Alternate Thursdays..	Morning	999
Thornton	Friday	Afternoon	1,594
Buttershaw (Mandale Road) ..	Monday and Tuesday	Afternoon	930
Wyke	Alternate Fridays ..	Afternoon	340
Nursing Mothers' Ward	Monday, Tuesday, Wednesday and Friday	Morning and Afternoon	991

Day Nurseries

Lilac Grove Day Nursery was completed in March 1953 in Laisterdyke. This nursery, built on the same plan as Brownroyd Nursery, has places for 50 children of all ages under five years. There are now 10 municipal day nurseries with accommodation for 486 children.

During the year an alteration was made in the charges for maintenance at all municipal nurseries. This has had the effect of reducing the waiting lists for nearly all of the nurseries and making it possible to accept priority cases immediately. The average daily attendance was 327.

Infectious Diseases

There have been several outbreaks of haemolytic streptococcal infections in the various nurseries during the past year. They have been associated with a sporadic case of scarlet fever or tonsillitis, and on investigation several other children in the nursery have been found to be nasal or throat carriers of the streptococcus causing the acute illness. These outbreaks occur in waves which must coincide with an increase in the carrier rate in the child population generally.

In view of the connection between streptococcal infections and acute rheumatism in childhood it is particularly important that these cases have been recognised and treated effectively until they have become bacteriologically free from infection.

Nursery Nurses' Training Course

Ten student nursery nurses took one year of their two years' practical training in the day nurseries.

Of the 16 students who gained their certificates in June, 5 were appointed to the nursery staff.

The Unmarried Mother

41 cases were admitted to Oakwell House. The average stay before the birth was 6—7 weeks and the average stay of mother and baby was 8—12 weeks. Five of these cases were accepted from and paid for by other authorities. Eight Bradford cases were admitted to St. Margaret's Home in Leeds and 26 Bradford cases to St. Monica's Home in Bradford.

The number of illegitimate births in 1953 was 275 live births and 6 still births. These children are the special care of the health visitors, and day nursery accommodation was made available to all mothers who required this service, as quickly as possible. The continuous care which many of these children receive in their first year is reflected in their low Infant Mortality rate. The high still-birth rate among unmarried mothers is influenced by the preponderance of primiparous girls and an understandable delay in seeking ante-natal advice.

Municipal Midwifery Service

(*Section* 23, *National Health Service Act*, 1946)

In sharp contrast to the trend in other parts of the country the number of domiciliary births has slightly increased while the number of hospital births has decreased, and this despite a gradual fall in the number of births for the past four years.

27 midwives were fully employed throughout the year.
8 midwives were employed for 24 months—29 midwives.
Municipal midwives delivered 2,103 live births (150 with a doctor)
,, ,, ,, 26 still births (7 with a doctor)

This was an average of 73 births each and is nearly 25 per cent more than the recommended number.

A further 270 cases were booked originally for domiciliary confinement.

118 of these were transferred to hospital in the ante-natal period.

118 were transferred to hospital as emergencies in labour.

186 cases were discharged from hospital before the end of the puerperium to the care of the domiciliary midwives.

All of these added to the midwives' case load.

Attendance on 2,635 cases booked during the year entailed 12,730 ante-natal visits to the patients' homes and 14,565 ante-natal examinations and 36,804 post-natal visits. The sum total of midwife hours taken up by one case is apt to be forgotten in assessing the work of these nurses. The above figures average 30 attendances by the midwife for each case delivered at home.

Co-operation with practitioner obstetricians has been good. Doctors were present at the birth of the child on 157 occasions.

Gas and air analgesia was administered on 1,861 occasions.

Pethidine was administered on 1,443 occasions.

Premature Births

Notification of prematurity were received in respect of:—

	Live Births		Still Births
Hospital Cases	259	Hospital Cases	46
Domiciliary Cases. . . .	102	Domiciliary Cases	11
Nursing Home Cases . .	6	Nursing Home Cases . .	—
	367		57

All the nursing home cases were alive at the end of the first month.

Of the hospital cases 49 died before the end of the first month.

28 (30 per cent) died within 24 hours of birth.

Of the domiciliary cases 16 were transferred to hospital.

2 died within 24 hours.

4 died before the end of the first month.

86 premature infants were nursed entirely at home.

4 died within 24 hours.

5 (10·5 per cent) died before the end of the first month.

A comparison between the hospital and domiciliary figures is not possible. The premature infants born in hospital are children for the most part of pregnancies which have been interrupted by disease or have been artificially terminated as the best chance of life for mother and child.

Premature infants born at home are unlikely to be debilitated as a result of known toxaemia of pregnancy; neither are such infants likely to have suffered unduly from difficulty in the delivery.

The domiciliary premature baby unit which it was hoped to form during the year has not so far commenced work. When the midwife who was sent to the Sorrento Hospital for special training for six months returned to Bradford, the pressure on the domiciliary midwives was such that she had to continue as a relief midwife for the rest of the year. There is a prospect of an increase in the number of midwives next year to undertake the increased number of bookings, so it is hoped that the premature unit will be commenced then.

Midwifery Training School

There has been a general shortage of pupils in Part I Training Schools throughout this district and this has led to a fall in the number of pupils applying for Part II Midwifery Training. Applications for training in 1954 appear to be increasing.

During 1953 there were:—

4 pupils in training on 1st January, 1953
7 pupils in training on 31st December, 1953
11 pupils completed their training.
10 pupils gained their certificate.

One pupil who failed her examination expects to sit again early in 1954.

Nurseries and Child Minders Regulations Act

Two factory nurseries were closed during the year. An unwelcome result of the increase in day nursery charges was the increase in the number of children minded for gain by women in their own homes. The Act allows of these activities provided no more than 2 children from separate homes are taken. The health visitor has difficulty in finding such houses and can exercise only nominal supervision. Registration is required under the Act where a number of children are taken—5 persons were so registered and are under supervision.

Report on Health Visiting

(*Section* 24, *National Health Service Act*, 1946)

F. H. Walker, S.R.N., S.C.M., H.V. CERT.,
Superintendent Health Visitor and School Nurse

1953 has been a year of some change in the service both with regard to staff and their duties. Although six of our students were appointed to the staff on qualification in July, six health visitors resigned during the year and one was appointed from another Authority.

During the year it was possible to second three more health visitors to do tuberculosis visiting, making a total of five in this specialised field, and thus relieving the general health visitor of all tuberculosis work. Their headquarters were moved from the Maternity and Child Welfare Department to the new Chest Clinic at St. Luke's Hospital. This has enabled more individual care to be given to tuberculous households as well as making information more readily available to the Chest Physician.

One health visitor was also seconded to visit in connection with notifiable infectious diseases, and she now works direct from the Health Department.

By the end of the year five health visitors were doing work in the School Health Services, and were stationed at the combined Health Centres at Odsal, Usher Street and Bierley.

Decentralisation to branch Health Centres makes the health visitor more readily available to the people in her district and reduces the time spent in travelling from district to central office. Now that medical officers are also stationed at these branch centres, it makes for better working co-operation. The teachers have expressed their appreciation of the knowledge the health visitor can bring of young children entering school. Knowing the school children assists the health visitor in her dealings with the family. It must be helpful to the mother to have this continued interest in the children extended through the school period. As this combined service is extended, it is hoped that the health visitor will continue to be given assistance for those duties which do not require her specialised training. The Nuffield Provincial Hospitals Trust, which prepared a report on a study of the work of the Public Health Nurse recently, showed very clearly that considerable time is spent in routine and non-health visiting duties; many of which could be undertaken by less qualified or unqualified persons. If such relegation of duty were made, the health visitor would have more time for unhurried interviews with mothers needing advice and help, dealing with social problems in her area, interpreting the various services available for family needs and assisting with the Health Education programme in schools.

We are still far from achieving the establishment of 50 health visitors mentioned in the 1952 Report. At present, the number of students trained barely covers the staff who leave during the year. By seconding staff to specialised duties, the number of health visitors in the general field was only 22 at the end of the year. This means that health visitors still have far too large an area to cover, especially now that the work of the health visitor is better known there is an increasing number of requests for assistance from general practitioners, councillors, hospital almoners and other social workers.

The number of visits paid to old people increases each year. This shows the general concern for the care of old people; particularly those living alone. Figures in connection with hospital after-care have also increased, proving a better liaison with the hospital services. The best care for patients discharged from hospital can only be achieved by co-operation between hospital almoners, general practitioners and the health visitor, who can be the link with the Local Authority's After-Care Services.

Selective visiting of children under five years has been started. This means that the health visitor endeavours to give more time to those families who need her help and advice most, as distinct from routine visiting of all children up to the age of five years. In carrying out selective visiting, one fact must not be lost sight of—that the health visitors' help must be freely available to all families in her area irrespective of income and social conditions.

The following detailed account of visits paid during the year does not indicate the length of time spent on each visit, which always varies according to the needs of a family.

Summary of Visits, 1953

	Primary	Subsequent	Total
Infants	4,633	16,821	21,454
Children 1—2 years ..	—	—	8,410
Children 2—5 years ..	—	—	32,811
Expectant mothers ..	781	449	1,230
Tuberculosis	327	4,460	4,687
			68,592

Details of Visits, 1953

Type	Number
Gastro-enteritis	2,708
Whooping cough	1,895
Measles	1,442
Still births	70
Infant deaths	90
Foster children	1
Adoptions	30
After care	381
Old people	288
Special visits..	955
Attendances at Clinics ..	2,450
Total cases visited	76,559
Total houses visited.. ..	61,295
Tuberculous households ..	2,976

Dental Care

H. S. Shoesmith, L.D.S.,
Dental Officer for Maternity and Child Welfare

One whole-time salaried dental officer undertakes this work, which consists principally of inspection and treatment of expectant and nursing mothers attending the ante-natal, post-natal and child welfare clinics. Pre-school children attending the welfare clinics also receive treatment, and each day nursery is visited twice a year, the children being systematically inspected and treated in an effort to ensure that none subsequently enter into school life in need of dental treatment.

Close co-operation is maintained with the dental officers of the School Dental Service, and during that period of acute shortage of school dental officers help was given from time to time at the School Dental Clinic. This help was reciprocated by the Chief School Dental Officer, who attended at special anaesthetic sessions at the Child Welfare Dental Clinic.

Because of the continued inability of the Regional Hospital Board to make satisfactory arrangements for the dental treatment of patients at the Grassington Sanatorium, the Child Welfare Dental Officer of this Authority continued to visit that institution to give the necessary dental treatment to patients until September, when the Regional Hospital Board was able to make other arrangements.

The dental officer also carried out all the necessary dental treatment of women attending the ante-natal and post-natal clinics of St. Luke's Maternity Hospital.

A table giving details of the work done in 1953 by the Dental Officer for Maternity and Child Welfare will be found in the Appendix.

Section 4

Children Neglected or Ill-treated in their own Homes

Section 4

Children Neglected or Ill-treated in their Own Homes

V. P. McDonagh, M.B., CH.B., D.P.H., *Deputy Medical Officer of Health*

Early in 1951 as a result of the appointment of the Medical Officer of Health as Designated Officer to secure co-ordination among the local services, statutory and voluntary, which are concerned with the welfare of children in their own homes, a Neglected Children Case Sub-Committee was set up. This Sub-Committee was made up of field workers who were actually concerned with dealing with the problem of the welfare of children in the field. During the year meetings were held monthly and the cases of 25 families were considered. The new cases considered by the Committee since its inauguration, however, totalled 89 at the end of the year.

It might be interesting to record the different organisations and departments which were represented at these meetings. They included the Bradford Cinderella Club, Children's Department, City Estate Office, Council of Social Services, Education Department, Family Service Units, Head Teacher's Association, the Health Department, Hospital Almoners, Ministry of Labour, the National Assistance Board, N.S.P.C.C., Police Department, Probation Department, and the Welfare Department.

During the year the suggestion was put forward that it would be an advantage if the different denominations of the churches were represented on this Committee, and it was agreed to invite a representative from each of the following churches: the Church of England, the Roman Catholic Church, the Free Church Council and the Presbyterian Church. It is pleasing to report that these denominations when approached were most anxious to co-operate.

In the beginning the highly confidential nature of the conferences was emphasized, and we feel sure that no breach in relationship between worker and family has arisen as a result.

The families considered were brought to the notice of the Designated Officer by members of the Committee, or by medical officers, health visitors or sanitary inspectors, who had come across these families in the course of their routine duties. As might be expected the majority of families notified were known to many of the workers sitting around the table. This was of great value as it enabled whoever was finally responsible for dealing with the family, to have a knowledge of many people's views on the family attainments and weaknesses.

Then arose the great difficulty of which workers concerned should cease visiting the family, and which should take on the responsibility for supervision. One of the main troubles was that several workers often had statutory obligations to a family and it was decided that a small Panel would consider this problem and report back.

The Panel consisted of the Chairman (the Deputy Medical Officer) the Principal Probation Officer and the Deputy Superintendent Health Visitor. Their terms of reference were to investigate the present method of dealing with families where there might be child neglect, with special reference to overlapping and over-visiting by different voluntary and statutory welfare workers, and to make recommendations. The following recommendations were put forward for consideration by the Case Sub-Committee:

1 That there should be no retrospective action on the question of overlapping in regard to problem families already discussed by the Case Sub-Committee.

2 That every family notified to the "Designated Officer," or referred to the Sub-Committee, should be surveyed by two or three members, and if possible a line of action recommended. (It was appreciated that it might not be possible to recommend a firm line of action in every case).

3 That one person should be nominated to take overall responsibility for work in connection with the rehabilitation of any particular family.

4 That greater emphasis should be placed on case work approach in dealing with incipient problem families, as it was felt that time spent on these families would, in the long run, give the best results.

Notwithstanding the foregoing, it was pointed out that:

"Such rehabilitation work as may be necessary would be considered to be over and above the statutory obligations of the person nominated to be responsible for such work. This would not prevent other workers carrying out their statutory obligations in regard to a particular family, but for the purpose of this Committee, reports should be received from the person nominated. An arrangement of this kind would be of considerable assistance to the family, and the statutory bodies which may be concerned."

This report was considered by the Sub-Committee, and it was agreed to adopt the main suggestion in the scheme mention in paras. 2, 3 and 4. Since April, therefore, this method of consideration has been in practice and although a certain amount of success is claimed, there are still many difficulties to be faced.

Another important purpose which it was felt this Sub-Committee served was in keeping the welfare workers "*au fait*" with the current situation in regard to cases already discussed. Many of these families move from place to place with great rapidity, and fresh information regarding their movements was given at each meeting.

Practical assistance in the form of beds, bedding, cots, clothing, money, etc., was obtained for many families through the agency of the various statutory and voluntary bodies represented on the Committee. We are also pleased to record that two of the families were granted the tenancies of Corporation houses. They have since been closely supervised in their new homes and helped as much as possible.

Thirteen of the 25 families discussed during the year lived in Corporation houses or requisitioned property under the control of the Local Authority. This high proportion came to notice without any definite policy of concentrating attention on the tenants of Corporation houses.

As might be expected, housing problems were frequently discussed at the meetings of the Sub-Committee. Many of these families were living in sub-standard property and had often neglected to register an application for a Corporation house or had previously been evicted from a Corporation house. There were several cases where this latter had happened. It is unnecessary to dwell on the deplorable results following the eviction of a large family, and we are strongly of the opinion that it would be a great help to the Committee if information of impending evictions could be brought to notice. It would then be possible, by intensive case work, to attempt to avert the impending catastrophe. We would not expect success in a high proportion of the cases, but even a small success would be a great improvement, as all workers are agreed that it is of the utmost difficulty to rehabilitate large families when they are living in one room.

The great difficulty, however, is to obtain the information before the actual eviction has occurred. Once eviction has taken place and the families are wandering about the city from one address to another, or are in temporary accommodation provided by the local authority, rehabilitation becomes almost hopeless. Even in this respect, as we have said earlier, there is still hope for some success, but more would follow if we could prevent the evictions altogether.

The Children's Officer has kindly provided information about the admissions of children received into care as a result of Court Orders, and the N.S.P.C.C. inspectors have provided details of legal actions taken during the year. During the year a total of 76 children were received into care by the local authority by "Fit Person" Orders, either the parent being neglectful or failing to provide proper care, or arising out of the non-attendance of the children at school. In addition, 20 more children were admitted voluntarily who have since become long term cases as a result of the parents' neglect and failure to provide for them.

Most of the Court actions involving the children mentioned above were taken by the N.S.P.C.C. This involved bringing before the Court of Summary Jurisdiction 14 parents accused of neglecting their children. As a result of this action, 30 children were committed to the care of the local authority. In addition, it was necessary to bring 38 children before the Juvenile Court as in need of care and protection and these were committed to the care of the Local Authority. These latter children were being neglected or were beyond control, but for one reason or another it was decided not to prosecute parents under Section 1 of the Children and Young Persons Act.

The general policy governing the action of the N.S.P.C.C. in these cases was that all efforts to help the parents to achieve better standards and to cease the neglectful treatment of their children had failed over a considerable period before legal action was instituted. That this was so is shown by the fact that 6 parents prosecuted under Section 1 were considered by the Magistrates to be guilty of offences of such severity that the maximum sentence of six months imprisonment was imposed.

We are pleased to record that in September the Bradford Family Service Unit Committee obtained the services of a case worker organiser and a case worker. Between that date and the end of the year good progress was made towards building up a full case load.

At earlier meetings of the Neglected Children Sub-Committee and the F.S.U. Committee, it was agreed that except in acute emergencies, all cases would be referred to the Family Service Unit workers via the Designated Officer and the Case Sub-Committee. It was hoped that as a result only the types of cases which required the intensive technique practised by Family Service Units would be taken on. In this way it was felt that the special experience and skill of these workers would be used to its fullest extent, while the other cases would still be helped by the other welfare workers in the field.

In addition to the frequent and lengthy visiting to the home, parents and children were also welcomed at the Unit Hostel.

A social play group has been developed to teach children of these families how to enjoy themselves, and generally use their leisure to advantage. It is hoped that as they become older these children will be passed on to the social clubs in the city, and that they will be enabled to overcome the disadvantages of their poor unsettled home environment and become useful and happy citizens.

Of families taken over by the Family Service Unit, one, as a result of eviction, had lived for about three years in temporary accommodation provided by the Welfare Committee. The family has paid off a debt to the Local Authority, and has now every prospect of being rehoused in a Corporation house, and being helped by the close supervision of the Unit workers to achieve a normal social life once more.

While it may be felt that we have reasonable cause to congratulate ourselves on our efforts in Bradford, it must nevertheless be emphasized that conditions are far from satisfactory, and in our opinion the whole subject is, as yet, not being tackled with sufficient earnestness.

Since the war, public opinion has become very sensitive to the gross neglect and ill-treatment of children to such an extent that parents, when found guilty, are often severely punished. Nevertheless, it would appear that this is an emotional reaction rather than one made with a full knowledge of the problem of the neglected child. We find that many of the public assume that children in the care of the local authority are there because they have lost their parents or because it was felt that they were better off without them. There appears to be little concern at the break-up of the families, to which these children in care belong. We have even observed at times parents who are ready and anxious to give up the responsibility for their children to the loca authority.

While it is difficult to pin-point the cause of this lack of awareness of the true facts, we feel that it lies mainly in the administrative separation of the problem of homeless children from the whole subject of family welfare and child welfare. Because of the Government action following its complete acceptance of the Curtis Report, it may not now be possible to treat family welfare in a unified fashion. Nevertheless, close liaison between the social workers concerned with different aspects of family and child welfare must be maintained, and in this connection we believe that the Neglected Children Sub-Committee has done good work in endeavouring to diminish, at least to some extent, the overlapping due to the lack of a proper unified plan, and the associated multiplicity of workers. It might be worthwhile at this point to observe that while there is often a large amount of over-visiting and overlapping in the large proportion of cases, families suffer from under-visiting rather than over-visiting, and possibly even useless rather than useful visiting. The important point would seem to be to ensure that as far as possible visits are made by the person who is in the best position to obtain and maintain a good relationship with the family.

Section 5

School Health Report

STAFF

SCHOOL HEALTH SERVICE

TREATMENT OF WARTS AND ENURESIS

SCHOOL CLINIC

SCHOOL NURSING

HEALTH EDUCATION

MEDICAL INSPECTION

INFECTIOUS DISEASES

CO-OPERATION OF PARENTS, TEACHERS, ETC.

ROUTINE MEDICAL INSPECTIONS

SPECIAL EDUCATIONAL TREATMENT

IMMUNISATION

PHYSIOTHERAPY

ULTRY-VIOLET RAY THERAPY

SPEECH THERAPY

LIP READING

CHIROPODY

CHILD GUIDANCE CLINIC

LINTON RESIDENTIAL SPECIAL SCHOOL FOR DELICATE PUPILS

LISTER LANE SPECIAL DAY SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

LANGLEY RESIDENTIAL SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

MARGARET MCMILLAN SCHOOL FOR EDUCATIONALLY SUBNORMAL PUPILS

ODSAL HOUSE SPECIAL DAY SCHOOL FOR DEAF PUPILS

TEMPLE BANK SPECIAL SCHOOL FOR PARTIALLY SIGHTED PUPILS

SCHOOL DENTAL REPORT

MEDICAL INSPECTION RETURNS

City of Bradford

Annual Report of the Principal School Medical Officer, 1953

Principal School Medical Officer: JOHN DOUGLAS, M.D., D.P.H.

Deputy Principal School Medical Officer: V. P. McDONAGH, M.B., CH.B., D.P.H.

Senior School Medical Officer: V. H. ATKINSON, M.B., CH.B., D.P.H.

School Medical Officers:

P. VIEYRA, M.D., D.P.H. (left 31.8.53)
D. M. LANGLEY, M.B., CH.B., D.P.H.
R. WOODHEAD, M.B., CH.B.
J. N. LEEDHAM, M.B., CH.B., D.P.H.
J. L. WALKER, M.B., CH.B. (appointed 14.9.53)
M. BESWICK, M.B., CH.B. (appointed 14.9.53)

Specialist Officers:

Ophthalmic Surgeon: J. BENSON, F.R.C.S.

Orthopaedic Surgeons: A. NAYLOR, CH.M., M.SC., F.R.C.S.
J. WISHART, F.R.C.S.

Ophthalmologist: S. ROBERTSON, M.B., CH.B., D.O.M.S.

Ear, Nose and Throat Consultant: M. JONES, F.R.C.S.

School Dental Surgeons:

Principal School Dental Surgeon: H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

School Dental Surgeons:

S. HALL, L.D.S. (Liv.)

J. YOUNG, B.CH.D., L.D.S. (left 31.8.53)

A. S. METCALFE, L.D.S., R.C.S. (Eng.) (appointed 5.10.53)

P. RUSSELL, B.CH.D., L.D.S. (appointed 9.11.53—left 28.12.53)

Physiotherapists:

Miss K. HUTTON (left 30.5.53)

Miss V. M. CRIBB

Miss W. K. McGOWAN (appointed 1.9.53)

Mrs. P. M. SMITH (appointed, part-time, 8.6.53)

School Nurses:

Superintendent School Nurse: Miss F. H. WALKER

Deputy Superintendent School Nurse: Miss A. WILCOCK

Nurses:

S. COULTHARD (left 30.4.53), K. HEINEMANN, C. M. HAMILTON, F. A. DAY (left 11.4.53), M. KAY, M. VAN SWANENBERG, H. M. HUDDY, M. G. MUNRO, B. SUGDEN, I. EDWARDS, M. O'BRIEN (left 31.8.53), L. E. CUMMINGS, K. HOWARD (appointed 18.5.53), E. M. JACKSON (appointed 12.5.53), D. M. WILD (appointed 1.6.53—left 31.12.53), M. M. E. JONES (appointed 8.6.53), R. LEWINGTON (appointed 9.11.53).

Speech Therapists:

Miss M. AYRTON

Mr. F. BROOK (part-time).

Chiropodist:

Mr. W. DALBY (part-time)

Dental Attendants:

Miss J. Stirk
Miss M. Andrews (left 31.3.53)
Miss E. Warner (appointed 18.5.53)
Mrs. B. Briggs (temporary appointment from 9.11.53)

Nursing Assistants:

Miss V. Nicholson } (appointed 1.9.53)
Mrs. K. Burton }

Child Guidance Clinic:

Psychiatrist: H. Edelston, M.B., D.P.M.
Educational Psychologist: Mrs. B. Brook, B.A.
Psychiatric Social Worker: Miss S. Heyworth

Section 5

School Health Report

V. H. Atkinson, m.b., ch.b., d.p.h., *Senior School Medical Officer*

School Health Service

The continuous care of school children's health, previously described, was enhanced during 1953 by two developments:

(1) a specialist in ear, nose and throat diseases began regular sessions at the Central Clinic, 28a Manor Row, and

(2) general minor ailment services were provided at three new branch clinics near to linked schools.

Mr. Morus Jones, f.r.c.s., a consultant surgeon at Bradford Royal Eye and Ear Hospital, was seconded to the School Health Service by arrangement with the Regional Hospital Board. Starting on 10th November 1953, and subsequently on the second Tuesday morning of each month, he examined and arranged appropriate treatment for 24 patients who came with their mothers at five minute intervals. When posting appointment notices, priority was given to middle ear disease cases. Those sufferers from markedly diseased tonsils and adenoids who were advised by Mr. Jones to have surgical treatment in hospital had to wait for four months before being admitted for operation.

Fifteen years ago it was reported that children from some new housing estates were travelling five miles each way to the Edmund Street and Manor Row clinics. The Education Committee met this difficulty at Odsal by purchasing a private nursing home. After extensive structural alterations, including improvements to the hot water system, the premises were furnished with modern equipment as a combined school and maternity and child welfare clinic. The wide area to be served included Wibsey, Odsal, Buttershaw, Oakenshaw, Low Moor and Wyke. In May, 1953, the Lord Mayor performed the ceremonial opening at a large gathering of committee members, local medical practitioners, head teachers and guests, who toured the rooms on two storeys. Dr. J. N. Leedham was the medical officer assigned to the re-grouped school medical inspections, minor ailment and infant welfare clinics. Nursing personnel consisted of two public health school nurses and three health visitor/school nurses who undertook the infant welfare clinic sessions. Thus the combined staff will be able to follow the same child through different age periods, and deal collectively with problems which might arise.

From September 1953 onwards, the following six departments were put into operation at Odsal combined clinic:

(1) *Dental.* This included a surgery with X-ray unit, a waiting room and a recovery room. Mr. A. S. Metcalfe was the dental officer who visited the schools and treated at this clinic those selected pupils whose parents gave written consent.

(2) *Physiotherapy.* Remedial exercises for postural defects were given in a well-equipped gymnasium by Miss Cribb, who travelled from Lister Lane Special P.H. School on Wednesday afternoons.

Arrangements for ante-natal relaxation classes are under way.

(3) *Speech therapy.* This was provided for children resident in the area by Miss Ayrton on Friday mornings.

(4) *Oculist.* Cases of defective vision detected at school inspections were treated by Dr. Robertson on Saturday mornings.

(5) *Mental Testing.* Dull and suspected educationally subnormal pupils referred by head teachers were assessed by Dr. Leedham.

(6) *Ante-natal.* Two local midwives utilised the new premises for these examinations.

Mothercraft classes were held weekly at the clinic. It is hoped to xpand these and thus develop a greater measure of health education.

In accord with the general policy of co-ordination, efforts have been made by the medical officers and health visitors to meet personally he local medical practitioners, so that the latter might be informed of how they could utilise our resources. So far this liaison seems to have been successful.

Treatment of Warts and Enuresis

This treatment was continued by Dr. J. N. Leedham.

Warts

During the year 29 children attended Odsal Clinic because of these small, non-malignant skin growths. Treatment consisted of either scraping with a Volkman spoon under local anaesthetic or freezing with carbon dioxide snow. The 29 children had 115 warts curetted, and 17 removed by snow; none needed referral to the Royal Infirmary. Four other children did not require any treatment because their warts disappeared spontaneously.

Nocturnal Enuresis

In all, 14 boys and 9 girls had treatment which included the keeping of a careful personal record, and the administration of either phenobarbitone gr. ¼ at bedtime, or benadryl mgm. 25 twice daily. Three children were discharged cured, three boys and two girls improved to the extent of bedwetting only three times per month. Five showed considerable improvement; the remaining ten have not yet attended the clinic sufficiently long for accurate observation.

School Clinics

Minor ailment clinic sessions were started during October 1953, at Usher Street and Saint Street clinics.

Location of School Clinics in Bradford

Central School Clinic and Offices	28a Manor Row
Edmund Street Branch Clinic	20 Edmund St., Little Horton Lane
Green Lane ,, ,,	Green Lane, Manningham
Lapage Street ,, ,,	Carrington Street, Bradford Moor
Odsal	55 Odsal Road
Saint Street ,, ,,	Saint Street, Great Horton
Usher Street ,, ,,	Usher Street, Wakefield Road

The Central Clinic and offices remain open five and a half days per week; branch clinics are open each morning from 9–10 a.m. for the treatment of minor ailments. A doctor is in attendance at each clinic on Wednesday and Saturday mornings for consultations.

Extra activities undertaken by members of the School Health Service included talks to parent-teacher associations, evening examination of children proceeding to Hest Bank Convalescent Home in Morecambe, examination of police court cases going to remand homes, supervision of the Residential Approved School for Delinquent Boys at Ilkley, certification of mental defectives with reports to the Mental Welfare Service and examination of prospective teachers with reports as required to the Ministry of Education.

The constant endeavour to help all types of handicapped children as early as possible was supported by information received from many sources, e.g., family doctors, the Maternity and Child Welfare Department and hospitals. Some needed official ascertainment as suitable for special schooling; a few, unfortunately, were ineducable.

In view of the great interest being focussed on cases of cerebral alsy, the disposal of our school-age patients is mentioned here:

26 at Lister Lane Special Day School for P.H. children.

11 at the Day Occupation Centre for Ineducable Children.

A small number of pupils affected by cerebral palsy to a slight extent, ttend ordinary schools.

School Nursing

There are now five school nurses with health visitor qualification.

Consequent on the opening of Odsal and Saint Street Clinics, and he adaptation of Usher Street Child Welfare Centre as a combined linic, there was more integration of School Nursing and Health Visiting ervices. All the health visitors at Odsal and Usher Street undertook chool work with the assistance of public health nurses and the new ursing assistants. The health visitor stationed at Bierley was also he school nurse. This dual role was appreciated by local head teachers, s well as by parents with several children, some of school age and some ounger, since the same nurse who treated minor ailments could enter he home to advise on the well-being of the whole family.

The number of home visits increased greatly, not only for following up defects, but also because of B.C.G. vaccinations and surveys of child health. The personal knowledge which nurses can contribute o such research is highly valuable.

Pediculosis of the scalp was still widespread, though generally of a minor degree. Often only a few nits were found. Much effective work was done at Canal Road Cleansing Station, both in immediate disinfestation and in demonstrating to parents how to deal with the problems themselves. The latter occurred when printed instructions and home visits were unsuccessful.

Parents were urged to use regularly a Sacker steel nit comb, costing 5/-. It is regrettable that such a necessary instrument remains subject to 33⅓ per cent purchase tax, when persistent offenders come from families unable or unwilling to expend that amount.

Two nursing assistants commenced work on 1st September 1953. They helped by weighing and measuring school children prior to periodic medical inspections, by doing routine hygiene inspections and by cleansing infested hair—thus allowing qualified personnel more time for home visiting.

Health Education

In response to requests during the year, talks were given by the following officers:

Miss Walker, to the Nursery Schools Association.

Miss Wilcock, to the Royal Ancient Order of Foresters, and to two parent/teacher associations.

Miss Pierson, to a parent/teacher association, and to Priestman Girls' School on four occasions.

Miss Watton, to three parent/teacher associations.

Mrs. Graysham, to a parent/teacher association.

Miss Edwards, to a Girls' Life Brigade.

Dr. Atkinson, to two church parents groups.

Dr. Woodhead, to parent/teacher associations.

Dr. Leedham, to parent/teacher associations.

Medical Inspection

This was based as usual on the annual examination of recommended age groups—entrants to infant schools, 9-year-olds in the primary departments, and 13-year-olds in secondary modern schools. All children over 12 years of age in grammar-schools were seen each year. Successful scholarship candidates were examined to ensure that remediable defects were treated before admission to grammar schools.

Children attending nursery schools were seen by a doctor each month, ensuring early detection and treatment of defects.

Scholars transferred from other areas to grammar schools in Bradford were examined before or immediately after admission.

In 1953, every school had a periodic medical inspection in accordance with the Ministry's regulations. The parent or guardian of each child was notified of the impending examination; a written consent to mmunisation and a list of the child's previous illnesses being requested.

Most parents tried to be present at their child's medical inspection, particularly in the infant and primary school age groups. Co-operation between parent and doctor was good; suggested treatment was readily carried out and advice followed. It was rare to have any protest from even the youngest examinee, as children now accept medical inspection as part of their school routine.

Lack of suitable accommodation for the inspection is still a difficulty n many schools. Few schools have a room reserved for medical use, and often no classroom is available, so we much appreciated the readiness with which staffroom or head teacher's room was placed at our disposal. Co-operation by the teaching staff remains a most important factor in the success of the school medical inspections.

The presence of a teacher at the examination was much valued. Defects were considered jointly, and any necessary modification of the child's curriculum arranged. Tribute must also be paid to the teaching staff for their help in discovering and notifying to the school health personnel cases of squint, skin disease, suspected visual and hearing defects, etc. Immediate investigation of these cases followed and appropriate treatment was suggested.

The standard of child health was good. Nutrition was in the majority of cases adequate, in many cases excellent, and poor in only 0·5 per cent of the children examined. The introduction of school meals and milk has no doubt been a powerful agent in the improvement of nutrition in children of school age.

Lack of sleep is still a problem, particularly among older children. Many otherwise careful mothers do not realise the importance of adequate rest. The custom practised by some schools of incorporating an "official" bedtime in the school rules should be more widely followed.

Many schools provided facilities for the treatment of minor postural and foot defects by the physical training teacher. It is to be hoped that eventually such treatment for the improvement of muscle tone will be available in all primary and secondary schools.

Gross lesions, major deformities and active tuberculosis were rarely found.

Stress was laid on the importance of annual sight testing of all children over the age of seven, as the incidence of visual defects is still high. Teachers were of great help by ensuring that glasses were worn regularly in school.

Children found with defects at the medical inspection were put under observation or referred for treatment by the school clinic or family doctor. When possible such children were re-examined after an interval of two months, when many defects were found cured or being satisfactorily treated. In the few cases where treatment had not been carried out or had lapsed, the child's home was visited by the school nurse. The personal contract with the parent thus established gave good results in almost all instances.

Treatment was provided free of cost at the various school clinics for children of school age suffering from visual, hearing, speech, dental, orthopaedic, skin and other defects, but medicines and domiciliary treatment were not included. Where necessary, severely handicapped pupils were transferred to special schools.

A census of all children of school age in the city is taken annually by the attendance officers. Five-year-olds whose names were not on any school register were reported to the school medical officer who arranged for a medical examination at the clinic or obtained evidence that the child was unfit to attend school.

Arrangements for Treatment

(*a*)	Minor ailments ..	School Clinics.
(*b*)	Tonsils and adenoids (operations)	The Royal Eye and Ear Hospital.
(*c*)	Tuberculosis	Chest Clinic.
(*d*)	Skin disease	School Clinics, Royal Infirmary, Children's Hospital and St. Luke's Hospital.
(*e*)	External eye disease ..	School Clinics, Ophthalmic Clinic (Manor Row), and the Royal Eye and Ear Hospital.
(*f*)	Vision	School Clinics, Ophthalmic Clinic (Manor Row).
(*g*)	Ear disease and hearing	School Clinic and Ear Hospital.
(*h*)	Dental defects	Central School Clinic and Odsal Clinic.
(*i*)	Crippling and orthopaedic defects.. ..	School for Handicapped Pupils and St. Luke's Hospital.

Attendances made by children at the School Clinics during the year 1953:

To see the doctor	6,708
Minor ailments	28,288
Eye specialist	763
Speech therapist	1,958
Chiropodist	853
Immunisation	1,570
Dental treatment	14,348
Total	54,488

Number of Children recommended for admission to:

School for Physically Handicapped Pupils (Lister Lane)	29
School for Educationally Sub-normal Pupils (McMillan)	52
School for Deaf and Partially Deaf Pupils (Odsal House)	8
School for Partially Sighted Pupils (Daisy Hill).. ..	12
Langley Residential School for Handicapped Pupils ..	8
Linton Residential Special School	94
Number of children certified as Mental Defectives on Forms P.4	19

Infectious Diseases

A copy of a "*Vade Mecum* Concerning Infectious Diseases" is issued to head teachers of all schools in the city. No scholar or teacher must attend school while suffering or suspected to be suffering from any infectious or contagious disease. A teacher suspecting a child in school to be suffering from such a disease must at once report to the head teacher, who, if circumstances warrant, will temporarily exclude the affected child or children from school, report the reason for exclusion to the parent or guardian and notify the Senior School Medical Officer. Where further investigation is thought necessary, a nurse is sent to the school concerned to examine contacts, take ear, nose or throat swabs where deemed advisable, and carry out any other precautionary measures required. In cases of diphtheria or scarlet fever the spread of infection is often controlled by this method. A school medical officer also visits the school if necessary.

Notifiable infectious diseases are reported to the Medical Officer of Health by school medical officers and private practitioners. All such cases are visited in their homes by a health visitor or sanitary inspector who gives advice to parents concerning the care of both the patient and those in contact.

Where necessary the patient is admitted to hospital. In some cases patient and contacts are excluded from school.

Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies

The teacher's special knowledge of a child's environment and standard of parental care was of great value to the school medical personnel. The teaching staff did much to encourage attendance at medical and dental clinics.

Co-operation between school attendance and school medical departments was of great importance. The school welfare officer often persuaded reluctant parents to visit a clinic or their private practitioner for necessary treatment.

Persistent absence from school was investigated and children who changed their address or school were traced.

During 1953, holidays by the sea were again provided by the Cinderella Club at Hest Bank Home; a service much appreciated by necessitous children. A member of the school medical service examined each child prior to travelling.

The Victoria Convalescent Fund has been helpful in providing children recovering from illness or accident with a much-needed stay in the country or by the sea.

Tribute must be paid to the N.S.P.C.C. Inspectors for their unfailing co-operation in giving advice and assistance to problem families. In 1953, 16 cases were referred to the Society via the "Designated Officer," compared with 38 cases in 1952 and 44 cases in 1951.

Routine Medical Inspections

(a) *General Condition*

The general condition of children examined at medical inspections during 1953 has been classified as follows:

Age Groups	Number of pupils Inspected	A. (good)		B. (fair)		C. (poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	5,065	2,505	49·5	2,520	49·7	40	0·8
Second Age Group ..	3,277	1,711	52·2	1,554	47·4	12	0·4
Third Age Group	2,099	1,189	56·6	900	42·8	10	0·5
Other periodic inspections	5,377	3,606	67·0	1,757	32·7	14	0·3
Total ..	15,818	9,011	57·0	6,731	42·5	76	0·5

Comparative figures in the three grades for 1951, 1952 and 1953 are of interest:

		Good	Fair	Poor
1951	..	40·2%	59·0%	0·8%
1952	..	53·4%	46·2%	0·4%
1953	..	57·0%	42·5%	0·5%

(b) *Diseases of the Skin*

At periodic and special medical inspections, 1,477 children were found with skin diseases; 1,021 required treatment and 456 observation only. During 1953, 1,072 cases of skin disease were treated by the Authority.

(c) *Visual Defects and External Disease of the Eye*

2,978 pupils with defective vision were found at periodic and special inspections. 1,425 required treatment and 1,553 observation only —the latter group consisting mainly of children already wearing suitable glasses. 553 cases of squint and 336 cases of other external eye disease were discovered. 1,406 cases of visual defect and eye disease including squint were dealt with by the local Authority, glasses being prescribed for 920 children.

(d) *Ear Disease and Hearing Defects*

These may be tabulated as follows:

	Requiring Treatment	For Observation	Total
1. Hearing Defect ..	142	73	215
2. Otitis Media ..	37	101	138
3. Other	145	54	199

The relative incidence of cases in 1952 and 1953 is shown in the following table:

		1952	1953
1.	Hearing Defect ..	183	215
2.	Otitis Media ..	82	138
3.	Other	180	199
	Total ..	445	552

(e) *Nose and Throat Defects*

At routine inspections, 848 cases of nose and throat disease were found to require treatment and 1,440 were put under observation. Out of 358 cases found at special examinations, 282 were referred for treatment. 1,083 children received operative treatment for nose and throat defects.

(f) *Defective Speech*

A total of 158 scholars with speech defect was found during 1953. The number of cases treated by the Authority was 170, including children referred by teachers, private practitioners, etc.

(g) *Cervical Glands* (Non-tubercular)

At periodic inspections 560 pupils were found to have enlarged cervical glands—only 40 of these needed treatment. In addition 50 cases were discovered at special inspections.

(h) *Heart and Circulatory Diseases*

Out of 735 children suffering from defect or disease of the heart and circulation, 336 needed immediate treatment and the remainder were kept under observation.

These figures do not include pupils at Lister Lane School for Physically Handicapped Children.

(i) *Lungs*

At periodic and special medical inspections, 804 cases were found of non-tubercular lung disease such as bronchitis, asthma, bronchial catarrh, etc. Of these, 404 were referred for treatment.

(*j*) *Developmental Defects*

120 children were found with developmental defect including 26 cases of hernia. 47 needed treatment; 73 observation only.

(*k*) *Orthopaedic Defects*

The following table gives the number of pupils found at routine and special inspections to be suffering from postural defects, flatfoot and other deformities:

Defect	Routine Inspections Number of Defects		Special Inspections Number of Defects	
	Requiring Treatment	For Observation	Requiring Treatment	For Observation
1. Posture	366	142	24	11
2. Flat-foot	358	69	42	13
3. Other	188	490	60	30

The total number of defects found was 1,793 compared with 2.061 in 1952 and 2,020 in 1951.

(*l*) *Nervous System*

The incidence of epilepsy declined from 36 cases in 1952 to 28 cases in 1953. Of these, 11 were referred for treatment. The remainder (those already receiving suitable care and attention) were put under observation. At periodic inspections, 241 children were found with other nervous conditions; at special inspections, 72 children. Scholars with defects in psychological development and stability numbered 311. Of these 139 needed treatment.

(*m*) *Miscellaneous*

1,436 cases of defect or disease not coming under the above headings were found at routine and special inspections during 1953. Only 255 of these were placed under observation, the remainder being referred for treatment.

The following table, compiled from summary sheets, shows the hygiene condition of school premises, found by medical officers at the close of their periodic inspections.

	Items in Schools reported on			Conditions Found	
				County Schools Inspected 97	Voluntary Schools Inspected 43
1.	Surroundings:	Open		60	10
		Congested		37	33
2.	Playground:	Adequacy	Satisfactory	72	16
			Unsatisfactory	25	27
		Surface	Satisfactory	64	24
			Unsatisfactory	33	19
		Tidiness	Satisfactory	89	40
			Unsatisfactory	8	3
		Condition of Dust Bins	Satisfactory	71	30
			Unsatisfactory	26	13
3.	Classrooms:	Number	Satisfactory	86	39
			Unsatisfactory	11	4
		Adequacy	Satisfactory	83	36
			Unsatisfactory	14	7
		Condition of Walls and Floors	Satisfactory	49	22
			Unsatisfactory	48	21
		Means of preventing and removing dust	Satisfactory	97	43
			Unsatisfactory	—	—
		Waste receptacles	Satisfactory	93	43
			Unsatisfactory	4	—
4.	Desks	Type	Satisfactory	77	37
			Unsatisfactory	20	6
		Suitability	Satisfactory	72	37
			Unsatisfactory	25	6
5.	Blackboards		Satisfactory	92	39
			Unsatisfactory	5	4
		Do surfaces shine?	Yes	5	4
			No	92	39
6.	Ventilation:	Method	Natural	65	38
			Artificial	32	5
		Efficiency	Satisfactory	73	38
			Unsatisfactory	24	5
7.	Lighting:	Natural	Satisfactory	91	37
			Unsatisfactory	6	6
8.	Lighting:	Artificial	Satisfactory	75	35
			Unsatisfactory	22	8
9.	Heating	Method	Satisfactory	96	43
			Unsatisfactory	1	—
		Efficiency	Satisfactory	74	37
			Unsatisfactory	23	6
		Are room temperature charts kept up-to-date?	Yes	13	2
			No	84	41

	Items in Schools reported on			Conditions found	
				County Schools Inspected	Voluntary Schools Inspected
10.	Medical Room ..		Present ..	13	4
			Absent.. ..	84	39
11.	Staff Rooms ..		Satisfactory ..	66	19
			Unsatisfactory	31	24
12.	Drinking Water:	Adequacy of cups, jets, etc. ..	Adequate ..	79	37
			Inadequate ..	18	6
13.	Dining Rooms ..		Present ..	47	5
			Absent.. ..	50	38
14.	Wash Basins:	Number ..	Adequate ..	20	10
			Inadequate ..	77	33
		Suitability ..	Satisfactory ..	60	19
			Unsatisfactory	37	24
15.	Towels:	Adequacy ..	Satisfactory..	90	41
			Unsatisfactory	7	2
		Condition ..	Satisfactory ..	94	43
			Unsatisfactory	3	—
16.	Showers.. ..		Present ..	13	1
			Absent.. ..	84	42
17.	Cloak Rooms ..		Satisfactory ..	77	28
			Unsatisfactory	20	15
18.	Drying facilities ..		Present ..	43	21
			Absent.. ..	51	22
19.	Sanitary Offices:	W.C.'s Number ..	Adequate ..	24	15
			Inadequate ..	73	28
		Type ..	Satisfactory ..	87	37
			Unsatisfactory	10	6
		Condition ..	Satisfactory ..	85	33
			Unsatisfactory	12	10
		Method and efficiency of flushing ..	Satisfactory ..	86	35
			Unsatisfactory	11	8
		Number of W.C.'s with bolts on inside of doors and sanitary bins reserved for older girls ..	Present and adequate ..	22	6
			Absent or inadequate ..	3	1
		Urinals ..	Adequate ..	68	29
			Inadequate ..	19	11
		Flushing ..	Satisfactory ..	73	29
			Unsatisfactory	14	11

Summary of School Nurses' Work Sheets, 1953

Number of home visits		2,370
Number of school visits:		
Nursery Schools	141	
Primary Schools	1,844	
Secondary Schools	66	
Special Schools	184	
		2,235
Number of personal inspections:		
Nursery Schools	3,861	
Primary Schools	161,688	
Secondary Schools	6,216	
Special Schools	2,642	
		174,407
Defects discovered:		
Head infestation:		
Nursery Schools	159	
Primary Schools	10,690	
Secondary Schools	103	
Special Schools	175	
		11,127
Other defects:		
Uncleanliness of body	294	
Ringworm	1	
Scabies	5	
Impetigo	95	
Defective vision	743	
Inflammatory eye condition	178	
Squint	306	
Otorrhoea	124	
Infectious disease	16	
Miscellaneous	1,242	
		3,004
Total defects		14,131

Special Educational Treatment

Children accommodated in institutions not maintained by the Authority, at 31st December 1953, were:

Institution	Handicap	No. of children Boys	Girls
Sheffield School for the Blind	Blind	3	—
Condover Hall School	Blind and educationally subnormal	2	—
St. John's Institute for the Deaf	Deaf	1	—
St. George's Hostel, Salford	Diabetic	1	—
Shaftesbury House, Rustington	Diabetic	—	2
Colthurst House School	Epileptic	1	—
St. Rose's R.C. Special School	Physically handicapped	—	1
Ian Tetley Memorial Home School	Physically handicapped	1	—
	Totals	9	3

The following cases were awaiting admission to special schools or stitutions not maintained by the Authority, on 31st December 1953:

Physically handicapped ..	1 boy
Epileptic	1 boy and 1 girl
Spastic	1 girl

nalysis of Cases seen by Mr. Benson, Ophthalmic Surgeon, and Dr. Robertson, Ophthalmologist, at the School Clinics.

	Children of school age	Pre-school children	Total
Errors of refraction	422	11	433
Squint	318	40	358
Other defects	23	16	39
Total ..			830
Referred to hospital for operation..	45	7	
Referred to hospital for orthoptic treatment	31	2	
Referred Partially Sighted School	3	—	

During the year Mr. Benson examined all children at the Temple ank School for Partially Sighted Children.

Immunisation

The total number of school children injected with diphtheria prohylactic at the school clinics or in schools during 1953 was as follows:

Immunisation completed ..	588
Re-inforcing dose	2,310

A small number of pre-school children not attending nurseries came ith brothers or sisters and were injected at the same time.

Physiotherapy Department at Manor Row Clinic

The Senior Orthopaedic Surgeon has stated that our remedial departent has markedly lessened the demands on hospitals.

The total number of attendances was 2,651, made by children who ame from:

Nursery Schools	1
Special Schools	2
Primary Schools	116
Secondary Schools	49

Number of patients:

Referred for hospital treatment	2
Transferred to new Odsal Clinic	6
Did not complete treatment ..	24
Discharged cured	28
Discharged improved	39
Carried forward to 1954	66

Classification of cases:

Defects in feet	78
Defects in spine and thorax ..	56
Defects in lungs	24
Mouth breathing after removal of adenoids	6
Recent injuries	2

Owing to lack of staff, the waiting list rose to 50.

Ultra Violet Ray Therapy

Selected children were treated in the Central Clinic and particulars are given in the following tables.

CASES TREATED BY ARTIFICIAL SUNLIGHT, 1953

Defects	Number of Children	Average Number of Weeks	Minimum Number of Weeks	Maximum Number of Weeks	Number of Exposures Minutes 1	2	3	4	Signs of Improvement Temperament	Energy	Sleep	Nutrition	Haemoglobin	Results of Treatment Condition Cleared	Condition Improved Much	Slight	No Change
Anaemia	51	9·5	7·0	13·0	51	51	54	847	11	42	25	37	51	28	21	2	—
Asthma	19	6·5	6·5	10·5	22	22	24	323	5	14	12	13	20	4	13	1	1
Anorexia	37	9·0	6·0	12·0	35	35	35	560	3	30	21	21	34	19	17	1	—
Bronchitis	37	9·5	7·5	11·5	39	38	42	623	11	30	14	29	37	13	24	—	—
Bronchial catarrh	49	9·5	6·0	12·0	48	50	53	784	6	38	30	32	49	26	23	—	—
Cervical adenitis	5	10·5	9·5	11·5	5	5	5	90	1	5	2	4	5	5	—	—	—
Nervous defects	7	9·0	6·0	10·5	8	8	8	105	2	6	5	4	7	1	6	—	—
Debility	104	9·5	4·5	12·5	100	98	110	1619	26	74	52	67	99	68	31	5	—
Subnutrition	2	8·0	6·5	9·5	2	2	2	26	—	—	—	—	2	—	2	—	—
Nasal catarrh	16	10·0	8·0	13·0	16	15	16	269	1	12	9	11	15	9	7	—	—
Rheumatism	5	10·5	8·5	11·5	5	5	5	90	2	3	2	5	5	2	3	—	—
Frequent colds	99	9·5	6·5	12·5	100	103	114	1613	21	80	68	83	99	61	36	2	—
Skin diseases	25	10·0	6·0	11·5	27	28	28	432	4	24	14	21	25	17	7	1	—
Other defects	101	9·0	6·0	13·0	103	101	113	1640	15	78	51	72	99	46	52	3	—

CASES WHO RECEIVED ARTIFICIAL SUNLIGHT BUT FAILED TO COMPLETE COURSE

Defect	No. of Children	Minimum No. of Weeks	Maximum No. of Weeks	Average Number No. of Weeks	Number of Exposures Minutes				Reason for Discontinuing Treatment						
					1	2	3	4	Defaulted	Recommended to Discontinue	Unsuitable for Sunlight Treatment	c/o own Doctor	No Escort	Left the District	Left School
Anaemia	6	2·0	5·0	3·5	6	6	6	31	5	—	—	—	—	1	—
Asthma	1	—	—	3·5	1	1	1	4	1	—	—	—	—	—	—
Anorexia	4	2·0	5·5	4·0	4	3	4	19	4	—	—	—	—	—	—
Bronchitis	6	2·0	4·5	3·5	6	6	6	16	6	—	1	—	—	—	—
Bronchial Catarrh ..	7	2·5	5·0	4·0	7	6	7	33	7	—	—	—	—	—	—
Cervical Adenitis ..	2	2·0	4·0	3·0	2	2	2	6	1	1	—	—	—	—	—
Debility	13	—	—	—	13	13	13	64	10	—	—	—	1	2	—
Nasal catarrh ..	2	4·5	4·5	4·5	2	2	2	12	2	—	—	—	—	—	—
Frequent colds ..	13	1·0	5·5	3·5	14	14	12	52	12	—	—	1	—	—	—
Skin disease.. ..	2	2·5	4·5	3·5	2	2	2	8	2	—	—	—	—	—	—
Other defects ..	14	2·5	6·5	4·5	14	14	13	89	12	—	—	—	1	—	1

Speech Therapy

During 1953, the children undergoing treatment by Miss Ayrton and Mr. Brook made 2,331 attendances; 20 cases were discharged and 92 new ones admitted. Some minor defects were completely corrected within three weeks, but severe problems needed more than a year for solution.

Despite the heavy case load, constant endeavour to find improved techniques resulted in two new methods, both of which reduced treatment time. One of these involved Mr. Brook in designing and publishing a new type of model theatre; the other was a completely new approach to a distressing variety of lisp.

An electric disc recording and reproducing unit was purchased which proved most useful in analysing faults of voice, resonance and articulation. The equipment aided co-operation as most children were naturally interested in comparing their own speech as recorded on admittance to the clinic with their later improved attainments.

In September, Miss Ayrton commenced visits to Lister Lane Special School for Physically Handicapped Children for one session each fortnight, and in November to Odsal Clinic for one session each week.

Lip Reading

A group of selected moderately deaf children from various primary and secondary schools again met Miss Foster of Odsal Special School in the Central Clinic on Mondays at 4 p.m. The hour's instruction consisted of demonstrating English phonetics and visual recognition of the facial expressions. The average number of attenders was nine, who were divided into two sections according to age and ability. The youngest enjoyed their rapid accomplishment in stage whispering and all progressed satisfactorily.

Chiropody

The free treatment of school children's feet, introduced three years ago, continued to be greatly appreciated. Mr. Dalby attended for three hours each Thursday afternoon and dealt with an average number of 17 children per session. During the year 215 patients made a total of 853 attendances.

Approximately 80 per cent of cases were verrucae or warts modified by pressure on the sole. Treatment by cautary is almost invariably successful, and once cured they do not recur. Flat feet were extremely prevalent and were referred to the physiotherapy department. Hallux valgus was often noted among girls but rarely responded to any treatment short of surgery. An attempt was always made to trace the varied defects to their underlying causes; among such factors were poor tone in leg muscles, knock knee, short tendo achilles, short first metatarsal bone and retracted toes.

Child Guidance Clinic

In the absence of our regular Educational Psychologist, Mrs. Pickardt gave valuable service from February to July inclusive. She is now established with the Doncaster Authority. We welcomed back Mrs. Brook in September.

The number of cases referred to the Clinic (153), was similar to that of recent years, and came in comparable proportions from the normal sources. This was roughly 15 per cent each from parents, schools, school medical officers, general practitioners and the juvenile court. Some minor problems were withdrawn or settled themselves during a long waiting period of three months. The number actually examined was 103.

A gratifying finding was the lessened demand from problem families. These do not as a rule need psychiatry so much as consistent support over two or three years, and are now catered for by such agencies as the Family Service Unit or Marriage Guidance Council.

Cases of stealing were graded from the anxious little dupe to the onfirmed criminal. They were often linked with aggressiveness, uanting and backwardness. Educational failure accounted for 20 er cent of referrals; some required transfer because of sub normal bility; others had normal intelligence but dropped behind because of ocial or emotional problems.

Very unfortunately there was no testimonial class in any junior school. he need of a remedial teaching centre or school became more urgent. everal maladjusted children who lacked a stable home background ound the requisite moral training and long-term discipline at Linton esidential School.

Linton Residential Special School for Delicate Pupils

Linton's development from a camp into a special school and its urrent organisation have been described earlier.

Three medical examinations were carried out by Dr. Langley during 953. The third occupied the first week of September when the following efects were listed:

Asthma	15
Anaemia	22
Chronic adenitis	3
Chronic bronchitis	21
Chorea	7
Chronic heart diseases.. ..	5
Rheumatism	4
Subnutrition	33
Petit mal	2
Part tuberculosis	3

Mr. Morrell made two dental inspections in April and November. r. Wynn of Addingham provided domiciliary attention as required.

The general state of the children's health may be gauged from the ollowing figures for the year:

Infectious diseases	None
Average number of patients confined to bed at any time..	1·5
Number of tonsil and adenoid operations	9
Number of other operations	2
Children taken to Bradford for dental treatment	38
Children taken to Bradford for eye refractions	4
Fractures	2
Number of children with nocturnal enuresis	17

Lister Lane Special Day School for Physically Handicapped Pupils

A major innovation during 1953 was the installation and opening of a kitchen on the premises.

The number of pupils on roll was 160 whose ages ranged 3 to 16 years. Their defects included the following: cerebral palsy, infantile paralysis, non-pulmonary tuberculosis, Perthe's disease, chorea, asthma, heart disease, haemophilia, spina bifida, deformities and amputations.

Ten children derived such benefit from treatment that they were transferred to ordinary schools; five were fit for employment at 15 years of age, while six left after completing full-time at school. The two orthopaedic surgeons visited 26 times and made 235 examinations. Parents were present at the consultations.

Fourteen children had operations which minimised their deformities and improved their gait. We appreciated the sympathetic co-operation of hospital staff; also the speedy provision of splints, braces and other appliances. The well-equipped remedial department was in the charge of a Superintendent Physiotherapist and an assistant. Patients had treatment either individually or in groups.

The speech therapist devoted one session a fortnight to young cerebral palsied pupils.

The six classes followed a curriculum closely allied to that of an ordinary school, including gardening and vocational training for the seniors in commercial woodwork, housecraft and needlework. A boy without legs won a prize in a national handwriting competition and an epileptic boy was a prize winner in a safety first poster competition.

Educational visits were made to factories, the York Museum and to Cartwright Hall. There were also popular excursions to the country and seaside. A small orchestra kindly gave a concert in school each term. Regular wireless lessons and visual aids provided additional interest.

There were frequent conferences among the teaching and medical staffs who endeavoured to implement this dictum, of the late President Roosevelt in his Bill of Rights, 1940:

> "Every physically handicapped child has the right to the best body which science can help it to secure, and the best mind which modern education can provide and the best position in life which its physical condition will permit."

Langley Residential School for Physically Handicapped Pupils at Baildon

The vacant position of Matron was filled in March 1953. During the year another school-room was brought into use without any loss of our 29 beds. New admissions numbered 21:

Heart complications of rheumatic fever	14
Asthma	3
Bronchiectasis	1
Malnutrition	1
Post-meningitis	1
Dislocation of hip—in plaster	1

The bronchiectasis case was moved to Bradford Royal Infirmary for pneumonectomy. She returned to Baildon and made very good progress.

Seventeen children were discharged:

Transferred to primary and secondary schools	10
Transferred to grammar schools	2
Withdrawn at parents' request	3
Transferred to a commercial school	1
At school leaving age	1

Medical care was provided by R. L. Langley, F.R.C.P. and Dr. R. Woodhead.

Apart from regular lessons given by two teachers, the time was enlivened by social activities organised by the nursing staff and the children themselves, supported by generous friends. One bright boy wrote privately to "Muffin the Mule Club" for a television set and got one; now most of his fellows are club members.

A first aid class of older children was instructed by the nursing staff. A Commissioner of Scouts paid a visit and was impressed by the prevailing happy spirit. Sergeant Parker of Bradford City Police gave a series of film shows on Safety First which the children enjoyed. On winter evenings puppets made by the children came to the fore in several successful performances. Mrs. Thompson, of Eastleigh, was again our "Lady Bountiful," giving a lavish Christmas party with exciting presents for all, and presenting a silver cup for the best cared for rabbit.

Margaret McMillan School for Educationally Subnormal Pupils

In January there were 175 pupils on roll. In December there were 209, of whom 25 from unsatisfactory homes were resident in Thorngarth Hostel.

At midsummer 10 pupils left, and at Christmas 11. There were 55 new admissions.

The emphasis was on practical subjects in the modified curriculum according to the children's abilities. Extra interests were provided by Coronation celebrations, two trips to Southport by the generosity of the Fire Services Cinema Charities, School Sports, Open Day and a Horticultural Exhibition. This function was held in the Mechanics Institute on 17th September, when a senior girl presented to the Deputy Lady Mayoress and Deputy Lord Mayor a bouquet of flowers and a bunch of grapes grown in the school garden.

Visitors received at the school included: The Dewsbury School Medical Officer, chief educational officers and members of Committee, Huddersfield school medical officers, Leeds University Education Department's Tutor and post graduate students, Bradford Training College's Tutor and students, Bradford Health Visitors' Tutor and students.

Odsal House Special Day School for Deaf Pupils

During 1953 the number on roll rose from 94 to 100 which is the maximum allowed by the Ministry of Education with present accommodation. This increase was due to the admission of children under three years of age, most of whom were referred through the Royal Eye and Ear Hospital. There were six classes for totally deaf pupils and four for partially deaf. The totally deaf included 21 girls of whom eight travelled from outside authorities and 32 boys of whom nine were extradistrict. The partially deaf comprised 19 girls of whom seven were extradistrict and 28 boys of whom seven were extradistrict. Among the 47 partially deaf pupils was a small group of five aphasic children whose faulty comprehension of language needed development by sympathetic specialist teachers. Unfortunately, 8 scholars were incapable of gaining any help from amplification; the other 92 were supplied with the latest model of individual portable Medresco hearing aids. This small, light type proved much more convenient.

Structural alterations to premises were started in the Domestic Science wing; a kitchen for the cooking of meals on the spot was almost completed; the new nursery cloak room which opens on to a flagged playing area was finished. More air and sunlight can now enter the main building.

The children were given as many practical experiences and varied interests as possible. Mr. Craveling formed a Boy Scout troup. The Youth Club run by staff members for pupils more than 12 years old promoted crafts, cookery, first aid, gymnastics and dancing. An outdoor Coronation Pageant was presented to a large gathering in the school grounds where every scholar participated and received a souvenir. Organised visits were paid to Bradford markets, G.P.O., stations and printing mills. A group of boys went youth hostelling during the summer vacation in charge of Mr. Darby. The flourishing Parent Teacher Association presented extra prizes with a special speech award for the child who excelled in oral expression. One boy, totally deaf due to meningitis at ten months, gained entrance to the Mary Hare Grammar School for the Deaf. A former Bradford pupil now at the Mary Hare Grammar School obtained the general school certificate, passing in all eight subjects. That achievement at the age of 16½ years led to her being awarded the prize for the best scholar of the year.

Professor and Mrs. Ewing visited and arranged for students of Manchester University to have practice in Odsal School. Numerous training colleges sent groups of students.

All school leavers during the year found suitable posts and are in regular employment.

Temple Bank Special School for Partially Sighted Pupils

	Boys	Girls	Total
Number on roll January 1953	31	47	78
Number admitted since January 1953 ..	12	9	21
Number discharged since January 1953 ..	6	9	15
Number on roll December 1953	37	47	84

Mr. Benson, the Ophthalmic Surgeon, visited the school six times during the course of the year and examined 95 children. Parents were invited to all these examinations.

5 children were transferred to normal schools.
1 child was transferred to Linton Residential Special School.
2 children were transferred to blind schools
6 children were discharged at 15.
1 child was discharged at 16.

Of the seven children discharged, six were girls and they took posts as doffers (2), laundry hand, bookbinder, winder, and "in printing." The boy became an hotel page.

Visits were paid by groups of students from Bingley T.C., Barnsley T.C., Leeds Insitute of Education and the Bradford Royal Infirmary nurses.

At the beginning of the year, the air raid shelters were fenced in for safety and a number of shelves were installed in various parts of the school, mainly in the small room used as a library for the school. This library received its first grant of £15 for books in January 1953, and has proved its value.

In the Summer term changes were made in the arrangement of classes and teachers. A senior class of backward boys and girls has since shown a marked improvement in reading age. At the same time a change was made in the routine for the midday meal, all teachers having their meals with the children. In P.T. periods all senior boys and some senior girls took showers after their activities. In the same term, educational visits were paid:

By the senior school to Liverpool docks, making use of the overhead railway, ferry and Mersey Tunnel.

By the junior school to Belle Vue Zoo.

Other visits made by groups of pupils during the year were:

To the pantomime to see "Puss in Boots on Ice" as guests of the management.

To the Schools' Gardening Exhibition at the Mechanics' Institute where the school exhibited.

To the cinema to see "The Conquest of Everest."

To the Northern Children's Theatre to see the "Queen's Beasts."

A Coronation grant of £15 gave the staff the opportunity to start building a small, muffle kiln in order to fire models. After some minor delays and difficulties in obtaining parts, this kiln is now taking shape.

The Old Scholars' Association kindly contributed to the School Fund and this gave the staff the opportunity to buy curtain material for making stage curtains. These curtains were a great help in the Christmas play productions; the junior school presented "Peter Pan" and the senior school a nativity play, for the entertainment of parents. There was also a short recital of some of the less well known carols by the senior choir.

Three recorder groups were formed in the senior school.

Eight proficiency certificates for swimming were obtained during the year.

School Dental Report

H. V. Morrell, L.D.S., R.F.P.S. (Glas.), *Principal School Dental Surgeon*

The inspection and treatment of defective teeth was carried out much as in previous years. Dental inspections are conducted in the schools with the aid of probe and mirror. This method of inspection enables a large number of children to be dealt with and consequently disorganisation of school work is reduced to a minimum; a fact very much appreciated by the head teachers. A little more than one session per week is allotted for inspection, thus leaving a maximum amount of time for operative work.

During the year under review the routine work has been seriously disturbed owing to shortage and changes in staff and not so much time has been devoted to the grammar and special schools, but when times are more opportune, further progress will be made in this direction.

The total number of children inspected by the dental officers was 17,338; of these 13,660 were found to require treatment, whilst the number actually treated at the clinic was 9,356. They made 12,838 attendances for this purpose.

The number of children who did not need treatment was satisfactory, which indicates that the efforts of the dental officers are being helped by better hygiene and more interest by the parents in the dental health of their children.

A brief summary of the work shows 1,051 fillings completed, 3,956 permanent teeth extracted and 13,859 temporary teeth extracted. In addition 715 dressings and gum treatments were completed.

An anaesthetic is always given for the extraction of teeth and it is interesting to note that 10,107 general anaesthetics (nitrous oxide) were administered in 1953.

Orthodontic (regulation) treatment has been carried out in selected cases and the closest contact has been maintained with the Maternity and Child Welfare Dental Officer; his services are much appreciated in the fitting and adjusting of mechanical appliances.

Several cases attending the clinic have been referred to the X-ray department at St. Luke's Hospital for aid in diagnosis of dental conditions and the expedition with which the reports were received was a great help in difficult cases.

In November, Dr. Wynne, Medical Officer to the Minister of Education, inspected the Bradford dental clinics and was favourably impressed with the generally good standard of equipment at the Edmund Street Clinic and the newly opened clinic at Odsal, but suggested that many items of equipment at the Manor Row Clinic were outmoded and required replacement in order to meet modern standards.

The School Dental Service has continued to fulfil a great need among the children of the city and is each year becoming more appreciated, as evidenced by the fact that children are coming voluntarily to the clinic in larger numbers than ever, so that any slackening of effort at this stage would be unfortunate.

Medical Inspection Returns

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. *Periodic Medical Inspections*

Number of inspections in the prescribed groups:-

Entrants	5,065
Second age group	3,277
Third age group	2,099
Total ..	10,441
Number of other periodic inspections	5,377
Grand total ..	15,818

B. *Other Inspections.*

Number of special inspections ..	4,634
Number of re-inspections	2,288
Total ..	6,922

C. *Pupils found to Require Treatment.*

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA.	Total individual pupils
Entrants	36	1,378	1,402
Second age group..	287	673	878
Third age group	189	374	515
Total (prescribed groups) ..	512	2,425	2,795
Other periodic inspections ..	369	983	1,088
Grand total	881	3,408	3,883

TABLE II.

A. Return of Defects found by Medical Inspections during the Year.

efect ode o.	Defect or disease	Periodic Inspections No. of defects		Special Inspections No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
4.	Skin	566	411	445	45
5.	Eyes—(*a*) Vision ..	881	1,184	544	369
	(*b*) Squint ..	156	278	74	45
	(*c*) Other ..	140	56	125	15
6.	Ears—(*a*) Hearing ..	93	49	49	24
	(*b*) Otitis media	32	101	5	—
	(*c*) Other ..	39	41	106	13
7.	Nose and throat ..	848	1,440	282	76
8.	Speech	61	49	38	10
9.	Cervical glands ..	40	520	36	14
0.	Heart and circulation..	253	367	83	32
11.	Lungs	238	338	166	62
12.	Developmental				
	(*a*) Hernia	11	14	1	—
	(*b*) Other	33	54	2	5
13.	Orthopaedic				
	(*a*) Posture	366	142	24	11
	(*b*) Flat-foot	358	69	42	13
	(*c*) Other	188	490	60	30
14.	Nervous system				
	(*a*) Epilepsy	7	12	4	5
	(*b*) Other	136	105	55	17
15.	Psychological				
	(*a*) Development ..	12	33	77	70
	(*b*) Stability	20	52	30	17
16.	Other	295	113	886	142

B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age groups	Number of pupils Inspected	A. (good)		B. (fair)		C. (poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	5,065	2,505	49·5	2,520	49·7	40	0·8
Second age group.. ..	3,277	1,711	52·2	1,554	47·4	12	0·4
Third age group	2,099	1,189	56·6	900	42·8	10	0·5
Other periodic inspections	5,377	3,606	67·0	1,757	32·7	14	0·3
Total ..	15,818	9,011	57·0	6,731	42·5	76	0·5

TABLE III.

Infestation with Vermin.

i.	Total number of examinations in the schools by the school nurses or other authorised persons	174,407
ii.	Total number of individual pupils found to be infested ..	4,453
iii.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
iv.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Group I.—*Diseases of the Skin (excluding uncleanliness, for which see Table III).*

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm— (i) Scalp	2	—
(ii) Body	—	—
Scabies	2	—
Impetigo	112	—
Other skin diseases	956	—
Total ..	1,072	—

Group II.—*Eye Diseases, Defective Vision and Squint*

	Number of cases dealt with	
	By the Authority	Otherwise
External and other (excluding errors of refraction and squint)	414	23
Errors of refraction (including squint)	992*	740
Total ..	1,406	763
Number of pupils for whom spectacles were:-		
(*a*) Prescribed	500*	504
(*b*) Obtained	420*	439

* Including cases dealt with under arrangements with the Supplementar Ophthalmic Services.

roup III.—*Diseases and Defects of Ear, Nose and Throat.*

	Number of cases treated	
	By the Authority	Otherwise
eceived operative treatment:–		
(*a*) for diseases of the ear	—	42
(*b*) for adenoids and chronic tonsilitis	—	971
(*c*) for other nose and throat conditions . .	—	112
eceived other forms of treatment	687	—
Total . .	687	1,125

roup IV.—*Orthopaedic and Postural Defects*

(*a*) Number treated as in-patients in hospitals	26	
(*b*) Number treated otherwise, e.g., in clinics	By the Authority	Otherwise
or out-patient departments	73	—

roup V.—*Child Guidance Treatment*

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewere
Number of pupils treated at Child Guidance Clinics	85	—

roup VI.—*Speech Therapy*

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by speech therapists	170	—

roup VII.—*Other Treatment given*

	Number of cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments	2,041	—
(*b*) Other:-		
1. Other defects and diseases	1,427	—
2. Chiropody	215	—
Total . .	3,683	—

Table V.

Dental Inspection and Treatment carried out by the Authority

1.	Number of pupils inspected by the Authority's dental officers:-		
		(*a*) Periodic	7,664
		(*b*) Specials	9,674
		Total	17,338
2.	Number found to require treatment		13,660
3.	Number referred for treatment		11,889
4.	Number actually treated		9,356
5.	Attendances made by pupils for treatment		12,838
6.	Half-days devoted to:-	Inspection	73
		Treatment	1,269
		Total	1,342
7.	Fillings:-	Permanent teeth	1,041
		Temporary teeth	10
		Total	1,051
8.	Number of Teeth filled:-	Permanent teeth	996
		Temporary teeth	10
		Total	1,006
9.	Extractions:-	Permanent teeth	3,956
		Temporary teeth	13,859
		Total	17,815
10.	Administration of general anaesthetics for extraction		10,107
11.	Other operations:-	Permanent teeth	666
		Temporary teeth	49
		Total	715

Section 6

Mental Welfare

ADMINISTRATION

WORK UNDERTAKEN IN THE COMMUNITY

Section 6

Mental Welfare

(*Section* 51, *National Health Service Act*, 1946)

H. V. Burke, D.P.A., A.C.C.S., *Mental Welfare Officer*

Administration

a) *Constitution and Meetings of Committee*

The Service is administered by a Mental Health Sub-Committee of he Health Committee comprising twelve elected members of the Council and three co-opted members.

b) *Staff Employed in the Mental Health Service*

Medical Officer for Mental Health (vacant)
Mental Welfare Officer
Four Duly Authorised Officers
One Occupation Centre Supervisor
Six Assistant Occupation Centre Supervisors
One Mental Deficiency Social Worker
Clerical Staff (two)
One Industrial Centre Instructor
One Industrial Centre Assistant Instructor

(c) *Co-ordination with Regional Hospital Board and the Hospital Management Committees*

Close co-operation continues to exist with the local Hospital Management Committees and kindred bodies.

(d) *Duties Delegated to Voluntary Associations*

No duties have been delegated to voluntary associations but the department continues to keep in close touch with the National Association for Mental Health.

(*e*) *Training of Mental Health Workers*

Students for the "Diploma" Course for Occupation Centre Supervisors promoted by the National Association for Mental Health have continued to attend our Occupation and Industrial Centres for practical training.

Work Undertaken in the Community, etc.

(*a*) *Prevention, Care and After-care*

Care and after-care visitation in the community is performed from time to time by the duly authorised officers in the absence of trained psychiatric social workers.

The psychiatric out-patient clinics at St. Luke's Hospital and the Bradford Royal Infirmary have continued to hold weekly sessions

(*b*) *Under the Lunacy and Mental Treatment Acts*

There has been a slight increase in the number of persons dealt with under the Lunacy and Mental Treatment Acts during the year.

Once again the desire to use "Section 20" accommodation during the year has been far in excess of the beds which have been available.

Every effort has been made to avoid the certification of elderly people in spite of an increase in the number of such patients referred to the Service.

Tables 1 and 2 indicate the number of patients admitted to mental hospitals under the Lunacy and Mental Treatment Acts by the Mental Health Service during the year, whilst Table 3 gives a summary of all patients admitted to mental hospitals both by the Mental Health Service and through the psychiatric out-patient clinics, and includes also the number of cases investigated by the Mental Health Service, but not admitted to mental hospitals. An increase in the number of "voluntary" admissions is to be noted.

It is perhaps significant that of the patients dealt with during the year, some 197 had previously been patients in mental hospitals.

THE FOLLOWING FIGURES SHOW THE NUMBER OF PATIENTS ADMITTED TO MENTAL HOSPITALS FROM 1st JANUARY 1953 TO 31st DECEMBER 1953 UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

	Males	Females	Total	Over 70 years of age	Died prior to further action	Discharged prior to further action	Certified under Section 16 Lunacy Act 1890	Other Disposals	
								Section 1 M.T.A. (Voluntary)	Section 5 M.T.A. (Temporary)
TABLE 1									
Lunacy Act, 1890									
Order of Duly Authorised Officers (3 days—Section 20) ..	43	34	77	37	7	13	31	26	—
Section 11 (Urgency Orders) ..	—	—	—	—	—	—	—	—	—
Section 21 (Justices 14 Day Order)	16	25	41	26	3	6	10	22	—
Section 16 (Certification) ..	52	104	156	20	—	—	156	—	—
	111	163	274	83	10	19	197	48	—
TABLE 2									
Mental Treatment Act, 1930									
Section 1 (Voluntary)	44	52	96	9	—	—	—	96	—
Section 5 (Temporary)	2	6	8	—	—	—	—	—	8
	46	58	104	9	—	—	—	96	8
TOTAL Lunacy and Mental Treatment Acts	157	221	378	92	10	19	197	144	8

TABLE 3 *Summary of all Cases dealt with in the City*

By Mental Health Service and admitted to mental hospital	378
Cases investigated and treated as "abortive"	219
Admitted direct to mental hospital through psychiatric clinics at St. Luke's Hospital and Bradford Royal Infirmary	132
Total	729

(*c*) *Under the Mental Deficiency Acts,* 1913–1938

(i) *Guardianship and Supervision*

Table 4 shows the number of defectives reported and dealt with during the year and is in the form of the annual return made to the Ministry of Health.

During the year some 4,345 visits were made to the homes of mental defectives.

(ii) *Occupation and Industrial Centres*

Good progress has continued in the work of the Occupation and Industrial Centres for ineducable mentally defective children and male adult defectives respectively. There is no doubt that this work and the demands made upon it justify larger premises, and it is hoped to obtain approval to the provision of new premises in due course.

"Open Days" for parents held each term were again most popular, and a local Parent/Teacher Association has been formed during the year. From funds obtained by this Association presents were distributed to each child at Christmas and plans are in hand for a summer outing to the seaside in 1954.

Facilities for the practical training of students for the "Diploma Course" for Supervisors of Occupation Centres, promoted by the National Association for Mental Health, have been continued.

(iii) *Evening Club*

An Evening Club was opened in November, 1953, for male adolescent defectives. This is proving popular among the few patients so far selected who are felt to be in need of the activities so provided, and in time it is hoped to extend the facilities which at the moment are limited to one evening each week.

(iv) *Ambulance Service*

Of the total of 402 patients removed during the year 1953 to mental hospitals, 399 were conveyed by ambulance and other transport of the Health Department.

Table 4

MENTAL DEFICIENCY ACTS, 1913-1938

	During 1953				Total cases on Authority's registers as at 1.1.1954			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. *Particulars of cases reported during* 1953								
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	7	2	—	—	—	—	—	—
(2) On leaving special schools ..	—	—	13	13	—	—	—	—
(3) On leaving ordinary schools ..	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	2	—	—	—	—
(iii) Other sources	5	3	7	5	—	—	—	—
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	1	7	4	—	—	—	—
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	—	—	—	—	—	—	—	—
Total number of cases reported during the year	12	6	27	24	—	—	—	—
2. *Disposal of cases*								
(*a*) Of the cases ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Statutory Supervision	10	5	18	16	65	50	193	165
*(ii) Placed under Guardianship ..	—	—	—	—	—	—	4	2
(iii) Taken to "Places of Safety" ..	—	—	—	1	1	1	—	—
(iv) Admitted to Institutions ..	2	—	2	3	34	19	204	139
(*b*) of the cases not ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Voluntary Supervision	—	1	7	4	—	—	34	21
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	12	6	27	24	100	70	435	327

*The number of defectives under Guardianship on 1st January 1954 who were dealt with under the provisions of Section 8 or 9 was: Males 0; Females 0.

	During 1953				Total cases on Authority's registers as at 1.1.1954			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
3. *Classification of defectives in the Community on* 1.1.54								
(*a*) Cases included in item 2(a) (i) to (iii) above in need of institutional care:								
(1) In urgent need of institutional care:								
(i) "cot and chair" cases	—	—	—	—	4	6	—	—
(ii) ambulant low grade cases	—	—	—	—	1	3	1	—
(iii) medium grade cases	—	—	—	—	5	—	—	—
(iv) high grade cases	—	—	—	—	—	—	1	—
(2) Not in urgent need of institutional care:								
(i) "cot and chair" cases	—	—	—	—	—	1	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	1	—
(iii) medium grade cases	—	—	—	—	1	—	—	—
(iv) high grade cases	—	—	—	—	—	—	2	—
Total of item 3(*a*)	—	—	—	—	11	10	5	—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(*b*) of the cases included in items 2(*a*) (i) and (ii) and 2(*b*) (i) overleaf, number considered suitable for:				
(i) occupation centre	46	42	1	21
(ii) industrial centre	8	—	24	17
(iii) home training	—	—	—	—
Total of item 3(*b*)	54	42	25	38
(*c*) Of the cases included in item 3(*b*) number receiving training on 1.1.54:				
(i) in occupation centre	46	40	1	21
(ii) in industrial centre	7	—	20	—
(iii) at home	—	—	—	—
Total of item 3(*c*)	53	40	21	21

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

	M.	F.	Total
(*a*) Ceased to be under care	10	5	15
(*b*) Died, removed from area, or lost sight of	9	13	22
Totals	19	18	37

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(*a*) Number who have given birth to children while unmarried during 1953..3

	Males	Females
(*b*) Number who have married during 1953	3	4

Section 7

Prevention of Illness, Care and After-care

HOME NURSING EQUIPMENT
CONVALESCENT HOME TREATMENT
FREE MILK—TUBERCULOUS PERSONS
HOME NURSING
DOMESTIC HELP
HEALTH EDUCATION

BRADFORD'S HEALTH IN 1954

Preliminary Report by the Medical Officer of Health
JOHN DOUGLAS, M.D., D.P.H.

On the whole it has been a satisfactory year. There were no major epidemics, and the slightly higher death rate is not attributable to any single significant cause. Deaths from the epidemic diseases and from tuberculosis continue to decrease; the high number of deaths from heart disease, cancer and cerebral haemorrhage, however, is maintained, and still accounts for over 65% of all deaths in 1954. Deaths from cancer of the lung and bronchus have risen from 18 in 1932 to 113 in 1954. To counter this it is pleasing to report that during the same period deaths from all forms of tuberculosis have fallen from 277 to 41.

Although the weather during 1954 was exceptionally bad, absenteeism from work and from school followed much the same pattern as for the average year except during late November and the whole of December, when a mild form of influenza was epidemic. New claims for sickness benefit during this period amounted to 30% more than the average for the previous four years. The epidemic in its early stages affected children for the most part, although latterly many adults have been victims.

Total notifications of infectious diseases, however, (influenza is not notifiable) are only 48% of the number received in 1953, and the most significant decreases are in respect of scarlet fever, whooping cough, measles, german measles and chicken pox.

There was a sharp rise in the birth rate, and consequently with more babies at risk, it is gratifying to report a provisional infantile mortality rate of 30 per thousand live births. This is the lowest figure ever recorded, and is 7 per thousand less than the rate for 1953.

The record low rate of maternal mortality in 1953 was maintained in 1954 at 0.21 per thousand total births.

The statistics given in this preliminary report must be regarded as provisional only, although it is not anticipated that the final figures will differ to any great extent from those given below.

A. VITAL STATISTICS.

BIRTHS, after a correction for residence, numbered 4,873. The provisional birth rate for 1954 is 17.0 per thousand population. The birth rate of 12.3 in 1941 was the lowest ever recorded. From that time the rate rose until the peak was reached in 1947. Since that time the rate has fallen gradually until this year when there is a sharp rise. The rates for the past few years have been as follows:-

1954	17.0	1950	16.7
1953	15.9	1949	17.3
1952	15.9	1948	18.8
1951	16.3	1947	22.2

DEATHS. after a correction for residence, numbered 4,158. The provisional crude death rate for 1954 is 14.5 per thousand population. The rates for the past few years have been as follows:-

1954	14.5	1950	14.2
1953	14.2	1949	14.5
1952	13.7	1948	13.4
1951	15.4	1947	15.6

Cause of Death	Number of Deaths	
	1953	1954
Tuberculosis (all forms)	50	41
Influenza	38	27
Pneumonia	200	190
Cancer	659	686
Road Accident	16	32

INFANTILE MORTALITY. The provisional rate of infantile mortality for 1954 is 30 per thousand live births. The rates for the past few years have been as follows:-

1954	30	1950	38
1953	37	1949	38
1952	33	1948	43
1951	43	1947	59

The provisional rate of NEO-NATAL mortality (i.e. of children under four weeks) is 19.3 per thousand live births. The rates for the past few years have been as follows:-

1954	19.3	1950	19.6
1953	24.5	1949	20
1952	20.0	1948	22
1951	21.6	1947	36

MATERNAL MORTALITY. The provisional rate for maternal mortality is 0.21 per thousand total births. The rates for the past few years have been as follows:-

1954	0.21	1950	1.40
1953	0.21	1949	1.35
1952	0.84	1948	0.88
1951	1.23	1947	1.07

INFECTIOUS AND OTHER DISEASES

Disease	No. of Cases	
	1953	1954
Scarlet Fever	872	514
Whooping Cough	1,564	617
Measles	2,822	887
German Measles	3,723	104
Chicken Pox	2,554	1,653
Typhoid and Paratyphoid Fevers	-	3
Dysentery	526	544
Infective Enteritis	560	1,115

(Table continued on Page 3)

Disease	No. of Cases. 1953	1954
Food Poisoning	16	42
Salmonellosis	15	124
Ophthalmia Neonatorum	3	9
Peurperal Pyrexia	24	23
Erysipelas	91	78
Pemphigus	8	2
Acute Poliomyelitis	13	8
Cerebro-spinal Meningitis	1	-
Meningococcal Infection	3	7
Pneumonia	476	464
Pulmonary Tuberculosis	306	252
Non-pulmonary Tuberculosis	54	31
	13,631	6,481

B. GENERAL STATISTICS.

CHILD WELFARE CENTRES.

The Central Clinic is open daily and there are 20 branch clinics throughout the city. Attendances at the various clinics during the year may be compared with those during 1953:-

Clinic	Attendances during Year. 1953	1954
Central	13,904	13,448
Southend Hall	748	780
Otley Road	4,079	3,667
Brownroyd	4,535	3,912
Saint Street	4,057	4,402
Usher Street	2,293	2,514
Clayton	1,300	1,116
Odsal	2,517	3,037
Green Lane	3,785	3,952
Lapage Street	4,491	3,671
Idle	1,955	2,500
Bierley	1,698	2,058
West Bowling	3,187	2,509
Esholt	189	208
Ravenscliffe	2,844	2,836
Daisy Hill	1,190	1,071
Lidget Green	999	972
Thornton	1,594	1,067
Buttershaw	930	2,291
Wyke	340	804
Allerton (opened in September)	-	219
Nursing Mothers' Ward (held at Central Clinic)	991	1,027
	57,626	58,061

ANTE-NATAL AND POST-NATAL CLINICS

The number of attendances at the ante-natal and post-natal clinics during the year was 4,141; 608 post-natal visits and 3,533 (807 primary and 2,726 subsequent) ante-natal visits.

DOMICILIARY MIDWIFERY.

During the year municipal midwives attended 1,960 mothers in their confinement, whilst a further 157 confinements were attended by midwives acting as maternity nurse. Gas and air analgesia was administered in 1,888 cases.

HEALTH VISITING.

The health visitors made 78,480 visits during the year. Details of these visits with comparable figures for 1953, are as follows:-

Summary of Visits	1953			1954		
	Primary	Sub-sequent	Total	Primary	Sub-sequent	Total
Infants	4,633	16,821	21,454	4,571	17,278	21,849
Children 1-2 years	-	-	8,410	-	-	13,898
Children 2-5 years	-	-	32,811	-	-	25,604
Expectant mothers	781	449	1,230	806	423	1,229
Tuberculosis	327	4,460	4,687	306	4.541	4,847

Details of Visits	1953	1954
Gastro-enteritis	2,708	3,622
Whooping Cough	1,895	3,282
Measles	1,442	502
Stillbirths	70	91
Infant deaths	90	67
Foster children	1	-
Adoptions	30	-
After-care	381	317
Old people	288	844
Special visits	955	1,941
Attendances at clinics	2,450	2,693
Total cases visited	76,559	78,480
Total houses visited	61,295	61,106
Tuberculous households	2,976	4,624

DAY NURSERIES

There are 10 day nurseries in the city and the number of attendances during the year may be compared with those of 1953:-

Name	Age of Children	Places	Yearly Attendances 1953	Yearly Attendances 1954
Farcliffe	0 - 5	70	14,525	15,038
Brownroyd	0 - 5	50	10,518	11,966
Thornbury	0 - 5	40	8,065	9,080
Bierley	0 - 5	40	8,560	6,405
Canterbury	0 - 5	40	8,666	7,647
Princeville	2 - 5	40	7,645	7,782
Swaine House	0 - 5	30	5,548	5,952
Greaves Street	0 - 5	50	5,322	6,838
Thornlea	0 - 5	30	5,358	5,552
Lilac Grove (opened in May, 1953)	0 - 5	50	4,104	9,503
			78,311	85,763

CARE AND AFTER-CARE SERVICES

HOME NURSING

The following table shows the classification and number of main types of cases attended by home nurses in 1954, with comparative figures for 1953:-

	1953		1954	
	Cases	Visits	Cases	Visits
Brought forward from 1952	316			
Medical	1,815	31,776	2,262	33,644
Surgical	559	9,998	537	10,673
Gynaecological	149	476	160	549
Complicated Midwifery	6	72	1	6
Operations	-	-	1	5
	2,845	42,322	2,961	44,877

These totals include the following:-

	1953 Cases	1953 Visits	1954 Cases	1954 Visits
Pneumonia	116	1,036	133	917
Tuberculosis	53	352	51	1,091
Infectious Diseases	3	56	1	6
Old Age Pensioners	1,297	23,308	1,440	25,859
Children under 14 years	412	1,999	334	1,565
Injections - Insulins	79	1,986	67	3,730
Others	551	4,725	727	6,618
National Assistance	40	634	43	898

Cases sent in by:-

	1953 Cases	1953 Visits	1954 Cases	1954 Visits
Doctors	1,894	32,118	2,367	34,276
Hospitals	516	9,573	454	9,706
Applied	113	559	133	867
Public Health Dept	6	74	7	28

Discharges were as follows:-

	1953	1954
Convalescent	1,595	1,662
Died	426	448
Transferred to Hospital	357	402
Relieved	125	103
Other Causes	41	55

HOME HELP SERVICE

New applications for assistance during the year numbered 1,616 as compared with 1,778 in 1953.

The following table shows a further analysis of the applications. Comparative figures are given for 1953.

New applications received in respect of:-

	1953	1954
General and chronic sickness cases	476	400
Old people	808	592
Tuberculosis cases	24	30
Blind persons	18	24
Maternity cases	452	570
	1,778	1,616

Help was given to approximately 70% of the applicants, as in previous years.

AMBULANCE SERVICE.

There was a 3% increased demand on the Ambulance Service from the previous year. A summary of the work done by the Service during 1954, with comparative figures for previous years, is given below.

	1948	1949	1950	1951	1952	1953	1954.
Cases	24,059	47,012	69,691	85,237	93,128	107,660	110,863
% increases on previous year	-	95	48	22	9	15	3
Mileage	157,451	250,969	284,758	300,618	309,779	347,960	364,139
Average miles per Case	6.54	5.34	4.08	3.58	3.35	3.23	3.28

Prevention of Illness, Care and After-Care

(*Section* 28, *National Health Service Act*, 1946)

S. Howard, m.b., ch.b.,
Senior Medical Officer for Care and After-care Services

Tuberculosis—*see Section* 2

Venereal Diseases—*see Section* 2

Home Nursing Equipment

Requests for the loan of home nursing equipment continue to increase from year to year.

The following table shows the number of applications received for the loan of equipment and the number of articles loaned during the last four years:

Year	Number of Applications	Number of articles loaned
1950	312	416
1951	825	1,223
1952	994	1,417
1953	1,017	1,620

In general, the various types of home nursing equipment, on their return, show that they have been treated carefully, and many expressions of appreciation of the Service have been received from relatives of the patients to whom the articles have been loaned.

A certificate is required on each application for loan of equipment, and the following table shows the sources from which the certificates were received during the year:

Source	Number
Medical practitioners	795
District nurses ..	55
Hospital almoners ..	76
Midwives	57
Health visitors ..	30
Chest clinic	4
Total ..	1,017

The following table shows the type and number of articles loane during the year:

Type of Article	Number
Air Rings	367
Bed Cages	32
Bed Pans	364
Bed Rests	179
Bedsteads	22
Bed Tables	19
Crutches	13 pairs
Commodes	5
Diabetic Scales ..	4
Feeding Cups ..	8
Fracture Boards ..	5 sets
Hot Water Bottles..	4
Invalid Chairs ..	90
Mattresses	16
Pole and Chain ..	7
Rubber Sheets ..	384
Sputum Mugs ..	16
Spinal Carriage ..	2
Urinals	83
Total ..	1,620

In addition to the above, the following bedding has been loane during the year:

Type of Bedding	Number
Blankets	14 pairs
Sheets	7 pairs
Draw Sheets ..	16
Pillows	8
Pillow Cases ..	13 pairs
Total ..	58

No charge is made for the loan of home nursing equipment, bu applicants are required to sign an undertaking to return the article in good condition, and to pay for any articles which are lost or damage whilst in their care, except damage due to ordinary wear.

Convalescent Home Treatment

Arrangements for the admission of certain patients to convalescent omes for a period of treatment at a reduced cost, or free of charge, ontinued during the year. Each case is assessed in accordance with ie Scale of Charges approved by the City Council.

The majority of these cases are admitted to the Semon Convalescents' ome, Ilkley. Persons admitted under this scheme are those who are covering from an illness and require convalescent treatment so that ley may be fit to return to work or to again undertake their household uties.

Certain mothers, with children under five years of age, have also een admitted to the Silver Jubilee Home, Heysham, at reduced cost, free of charge. In many cases, the children are admitted, free of arge, through the Victoria Convalescent Fund.

Several other patients, who were specially recommended for conalescent treatment at the seaside, were sent to private convalescent omes.

During 1953, 104 persons applied for admission to convalescent omes at a reduced cost, or free of charge. Of these, 89 were actually dmitted and the remaining 15 cancelled their application for one ason or another.

Details of persons admitted to convalescent homes during the year e given in the following table:

Name of Home	Number of admissions
Silver Jubilee Home for Mothers and Children, Heysham	30
Semon Home, Ilkley	54
Blackburn and District Convalescent Home, St. Annes	3
Manchester and Salford Convalescent Home, Southport	1
Hull Braves Guild, Hull	1
Total ..	89

The period of treatment in the convalescent homes is usually two eeks.

The 54 persons admitted to the Semon Home were persons who could not afford the full fees. They were assisted financially under the provisions of the National Health Service Acts and paid part fees or no fees at all, depending upon their circumstances.

In addition to the above, 620 Bradford persons were recommended by doctors for admission to the home, and paid the full fee of £3 per week.

Supply of Milk, Free of Charge, to Persons suffering from Tuberculosis

In January 1951, the duties in connection with the supply of milk, free of charge, to persons suffering from tuberculosis, were taken over from the Chest Clinic by the Staff of the Care and After-care Service. Since that time the number of persons recommended for the supply of milk has greatly increased, as shown in the following table:

Year	Number of persons receiving free milk
1951	8
1952	9
1953 (January)	18
(December)	74

Following recommendation by the doctor at the Chest Clinic, milk is supplied, free of charge, if the family income does not exceed that laid down in a scale approved by the City Council, less an allowance for rent and rates.

The amount of milk allowed in every case is two pints daily (14 pints each week). The milk is delivered daily to each patient from th Milk Depot. An order, usually covering 28 days' supply, is forwarded to the Depot in respect of each patient recommended, and this supply must cease at the end of 28 days, unless a renewal order has been received from the Department, following a renewal of recommendation by th Chest Clinic.

At the end of the year, 1,036 pints of milk were being supplied weekl to tuberculous persons, and the cost to the Committee was approxi mately £23 each week.

Home Nursing

(*Section* 25, *National Health Service Act*, 1946)

The Home Nursing Service is provided on an agency basis by the Bradford District Nursing Council. It is supervised by the Superintendent District Nurse who is responsible to the Senior Medical Officer of the Care and After-care Services. There is an establishment of 30 nurses, and 19 posts are filled. The majority of these nurses are fully qualified Queen's District Nurses, or in training for such a qualification. The headquarters of the Service is the Central Home situated near the centre of the city. The Central Home is a Key Training Home for district nurses and there is always a certain number of resident students in training there. Many of the nurses are resident in the Central Home, but the Council rents from the Corporation two municipal houses in each of which two nurses reside; other nurses reside in privately owned or rented houses in different districts of the city. The nurses for the most part use the public passenger transport services of the city, but five cars are available and in use for visiting less easily accessible patients.

There is no regularly maintained night nursing service, as very few demands are made in respect of emergency night cases. Arrangements are always made, however, for the services of a night nurse where necessary.

The Superintendent District Nurse reports that equipment is in excellent condition, and includes barrier nursing equipment. The latter has proved its worth in that during the year no member of the staff contracted dermatitis.

During the year 2,845 new cases and 3,373 old cases, a total of 6,218, were nursed. Discharges numbered 2,544 and 316 cases having been carried forward from December 1952, to January 1953, there remained 3,358 cases. Discharges were as follows:

Convalescent	1,595
Died	426
Transferred to Hospital ..	357
Relieved	125
Other Causes	41

The following table shows the classification and proportions of main types of cases attended by home nurses in 1953, with comparative figures for 1952:

	1952		1953	
	Cases	Visits	Cases	Visits
Medical	1,651	26,317	1,815	31,776
Surgical	646	17,010	559	9,998
Gynaecological	150	1,100	149	476
Pneumonia	46	411	116	1,036
Tuberculosis	40	352	53	1,085
Infectious Diseases	7	56	3	23
Complicated Midwifery ..	1	12	6	72
Totals ..	2,541	45,258	2,701	44,466
These totals include the following:				
Old Age Pensioners	1,091	22,421	1,297	23,308
Children under 14 years ..	251	701	412	1,999
Injections	305	6,426	630	6,711
Home Operations	2	11	—	—

Co-operation with General Practitioners

During 1953, 75 per cent of all cases nursed by the Service wer referred by general practitioners, 139 of whom made use of the Servic and with whom co-operation was excellent.

Liaison with Hospitals

Liaison with hospitals consists of an exchange of information betwee hospital ward sisters and almoners and the Superintendent Distric Nurse in respect of patients discharged home from hospital who sti need nursing care and attention.

During 1953, 20 per cent of all cases nursed by the Service we surgical cases discharged from hospital by arrangement with th general practitioners on the understanding that the Service undertoo the necessary nursing care in the patient's own home.

Domestic Help

(*Section* 29, *National Health Service Act*, 1946)

A limited service of domestic help for maternity cases was availab in the city from 1929 until the advent of the National Health Servi Act. This service was provided by a voluntary organisation, th Maternity Care Committee.

A much expanded service is now available, with a staff consisting f a Domestic Help Organiser, an Assessment Officer, and clerical staff, orking under the direction of the Senior Medical Officer for Care and fter-care Services.

The number of domestic helps employed at the end of 1953 was as ollows:

Full-time helps employed	53
Part-time helps employed	66
	119

(Equivalent to 73 full-time helps working 44 hours a week)

The growth of the Service since 1948 is shown in the following table:

	No. of Helps Employed			
Date	Full-time	Part-time	Equivalent number of full-time helps	Average number of cases attended weekly
July 1948	6	12		—
Dec. 1948	15	20		43
Dec. 1949	25	24		76
Dec. 1950	30	39	(47, working a 48 hour week)	136
Dec. 1951	45	54	(67, working a 48 hour week)	200
Dec. 1952	45	69	(70, working a 44 hour week)	195
Dec. 1953	53	66	(73, working a 44 hour week)	225

It is hoped to bring the equivalent number of full-time helps up to 0 (60 full-time and 100 part-time) during 1954.

New applications for assistance during 1953 were 1,778, compared ith 1,684 in 1952. The average number of hours worked at each case vas 112, compared with 125 in 1952.

The following tables show further analyses of the applications; he number of cases where help was given, and the number of cases ttended in respect of which no charge was made. Where a charge is made it is decided by the Assessment Officer of the Service, in accordance vith the scale recommended by the Association of Municipal Corporations and adopted by the City Council.

New applications received in respect of:

	1951	1952	1953
General and chronic sickness cases ..	492	502	476
Old People	341	771	808
Tuberculosis cases	19	24	24
Blind persons	12	19	18
Maternity cases	414	368	452
Totals ..	1,278	1,684	1,778

Number of cases where help was given:

	1951	1952	1953
General and chronic sickness cases ..	386	343	432
Old people	298	567	522
Tuberculosis cases	17	20	18
Blind persons	11	19	16
Maternity cases	179	169	283
Totals ..	891	1,118	1,271

Number of cases attended in respect of which no charge was made:	1951	1952	1953
General and chronic sickness cases ..	78	114	138
Old people	193	477	415
Tuberculosis cases	6	11	13
Blind persons	10	12	12
Maternity cases	5	7	9
Totals ..	292	621	587

The number of maternity cases attended decreased each year until this year, when there has been an increase of over 100. This was due to the fact that assessments were lowered at the beginning of the year. Whereas formerly many booked cases were cancelled because of the high charge, now far more maternity bookings and fewer cancellations are received.

During the past three years there has been a considerable increas in the number of applications from old people. During 1953, however the number of old people attended was slightly lower than in 195 because of the increased demand on the Service in respect of th maternity cases.

Health Education

V. P. McDonagh, m.b., ch.b., d.p.h., *Deputy Medical Officer of Health*

As in previous years, much excellent propaganda work was performed by the various members of the Health Department staff. The lectures given by medical officers, health visitors, sanitary inspectors, to many organisations, covered the whole field of the Department's work, and we hoped went far towards demonstrating to the public the advantages of a full healthy life:

Particular emphasis, as always, was given to the prevention of spread of infectious diseases, and also to the prevention of accidents in the home. During the year special efforts were made by health visitors to tackle this latter problem (of accidents in the home), especially as it effected children under 5 years.

Although the incidence of food poisoning was not great, efforts to educate the canteen workers of the city in good hygienic methods were continued by means of lectures and demonstrations. The staff of the School Meals Service were also given lectures accompanied by film strips. The exhibition stands, which are transported from one welfare clinic to another, regularly continue to show interesting topics loaned from the Central Council for Health Education. The educative work of medical officers and health visitors and school nurses in the child welfare clinics and city schools, has gone on steadily. Numerous pamphlets and booklets on management of childish ailments and feeding problems were distributed to the mothers.

In addition to the usual intensive campaign by the health visitors to encourage vaccination against small-pox and immunisation against diphtheria, we are pleased to record that their efforts have now been directed towards encouraging mothers of small babies to have their children vaccinated against whooping cough, as towards the end of the year a scheme was begun in conjunction with the Medical Research Council to determine which of three potent whooping cough vaccines was the best and most practicable.

An interesting new arrangement was made during the year in that the Medical Officer of Health became responsible for lectures on health education to the students of the McMillan Training College, which is situated in Bradford. This is a most important extension of our function, as we are strongly of the opinion that although it is in the main a Health Department responsibility to conduct health education, it is only by having a well informed and knowledgable teaching profession, that any great and lasting improvements in health knowledge and practice may be obtained. In this connection we are pleased to note that always and at all times, medical officers and school nurses receive every help from head teachers in their efforts to demonstrate sound hygienic practice.

The medical officers and sanitary inspectors continued their educative work in the evening as lecturers at the Bradford Technical College, where they lecture and give practical demonstrations in hygiene, sanitation, meat and food inspection, to student sanitary inspectors and sanitary inspectors who are studying for their Meat and Other Foods Certificate.

Section 8

General Health Services

EPILEPSY AND CEREBRAL PALSY

BLIND AND PARTIALLY SIGHTED PERSONS

DISPOSAL OF THE DEAD BY CREMATION

Epilepsy and Cerebral Palsy

Ministry of Health Circular 26/53 suggests an incidence of two epileptics per thousand population in the country generally. Based on this figure, Bradford would have between five and six hundred epileptics.

In point of fact, statistics in respect of this defect are most incomplete for a variety of reasons. There are many children suffering from mild forms of epilepsy who do not come to the notice of the school medical officers; it is only when the defect is such that it interferes with normal education that the child comes under observation. Similarly, little is known of the incidence of epilepsy amongst adults.

The following table shows the number of epileptic children discovered by school medical officers at routine and at special inspections since 1946.

	Routine Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
1946 ..	1	6	—	—
1947 ..	15	2	—	—
1948 ..	8	1	—	—
1949 ..	5	3	—	—
1950 ..	6	9	—	3
1951 ..	8	11	3	10
1952 ..	6	22	5	3
1953 ..	7	12	4	5

Ascertainment of children suffering from epilepsy is dependent upon the receipt of information from many sources—family doctors, hospitals, the Maternity and Child Welfare Department, for example. The school medical officers ascertained 28 children in 1953 at school medical inspections.

For the most part, treatment is given by the family doctor or by arrangement with him at the hospital out-patient clinic. Most of the children so afflicted are able to carry on at the ordinary school, but six attend the Lister Lane Special Day School for Physically Handicapped Pupils, and eight attend the Margaret McMillan School for Educationally Subnormal Pupils. In addition, three children are in epileptic colonies outside the city.

The following tables show the disposal of known epileptics and spastics.

EPILEPTICS

Children

	M.	F.	T.
Number attending school for educationally subnormal	4	4	8
Number attending school for physically handicapped	3	3	6
Number in epileptic colonies outside the city	2	1	3
Number who are ascertained mental defectives and who are in the care of the Mental Health Service (6 of the latter attend the Occupation Centre)	4	5	9
Number who are mental defectives in institutional care outside the city	3	1	4
Number who are mental defectives in institutional care within the city	—	—	29

Adults

Number in epileptic colonies outside the city	7	8	15
Number in residential establishments within the city	3	6	9
Number who are ascertained mental defectives and who are in the care of the Mental Health Service (7 of the latter attend the Industrial Centre)	8	7	15
Number who are mental defectives in institutional care outside the city	3	1	4
Number who are mental defectives in institutional care within the city	—	—	81

SPASTICS

Children

Sixteen boys and 13 girls, suffering from varying degrees of cerebral palsy, attend the Lister Lane Special Day School for the Physically Handicapped.

Five boys and four girls are ascertained mental defectives in the care of the Mental Health Service. Of these, two boys and three girls attend the Occupation Centre.

Two boys who are mentally defective are in institutional care outside the city, and 22 young persons, of both sexes, are in institutional care within the city.

Adults

Four males and four females are ascertained mental defectives in the care of the Mental Health Service. Of these, three males and three females attend the Industrial Centre.

Twenty-four adult spastics who are mentally defective are in institutional care within the city.

Of the ascertained mental defectives in the care of the Mental Health Service, two epileptics and one spastic are normally in remunerative employment.

National Assistance Acts

Blind and Partially Sighted Persons Registered during 1953

We are indebted to Mr. J. W. Woodhead, Director of Welfare Services, for the following report:

During the year ended 31st December 1953, Forms B.D.8 were received in respect of 72 persons. Of these, 56 were registered as blind, and 12 as partially sighted. The proportion of people who have received follow-up treatment may appear to be small, but a large number had received all possible treatment before being registered as blind. In some cases the people are very old and are too nervous to undergo an operation, or their general health makes it inadvisable. We are of the opinion that the higher scale of National Assistance granted to blind persons does sometimes make them very anxious to be registered as blind, and possibly reluctant to have treatment which would remove them from the category.

In a total of 13 cases of blindness caused by glaucoma, only two had received no treatment before being registered as blind.

Where there are two or more causes of blindness given, we have taken the chief cause. There were, for instance, ten cases of glaucoma where cataract was also present. There were six people suffering from diabetes (five females and one male).

During the year, four partially sighted persons were registered as blind, and two blind persons were de-certified and registered as partially sighted. One partially sighted man had a successful cataract operation and was removed from the register.

The following table indicates the follow-up action taken in respect of registered blind and partially sighted persons during 1953:

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of persons registered during the year, in respect of which para. 7(c) of Form B.D.8 recommends:				
(*a*) No treatment ..	5 (4 blind) (1 partial)	7 (7 blind)	—	28 (23 blind) (5 partial)
(*b*) Treatment (medical, surgical or optical)	13 (11 blind) (2 partial)	6 (6 blind)	—	9 (5 blind) (4 partial)
(ii) Number of cases at (i)(*b*) which on follow-up action have received treatment	2 (1 blind) (1 partial)	2 (2 blind)	—	5 (3 blind) (2 partial)

The following table shows the number of cases notified under the 'ublic Health (Ophthalmia Neonatorum) Regulations, 1926–1937, uring 1953, with end result:

(i) Total number of cases notified during the year	3
(ii) Number of cases in which:	
(*a*) Vision lost	—
(*b*) Vision impaired	—
(*c*) Treatment continuing at end of year	—

Disposal of the Dead by Cremation

Since the Bradford Crematorium, situated at Scholemoor Cemetery, vas opened in 1905, slightly more than 22,000 bodies have been remated there.

The following table shows the number of bodies cremated in the eriod 1949–1953:

Year	Number Cremated
1949	1,850
1950	2,139
1951	2,397
1952	2,296
1953	2,285

A considerable number of bodies of persons resident outside Bradford as always been cremated at the Bradford Crematorium because of he lack of crematoria in some adjacent areas. It appears that this umber will decrease in the next few years with the building of rematoria in Shipley and Halifax.

During 1953, of the 2,285 bodies cremated, 1,392 were those of persons esident in Bradford, and the remaining 893 came from areas as far field as Birmingham, Sheffield, Morecambe, Scarborough, etc., but rincipally from Shipley, Bingley, Denholme, Queensbury and Shelf, eighley, Baildon, Halifax, Sowerby Bridge, Huddersfield, Brighouse, penborough, Pudsey and occasionally the Leeds area.

Section 9

Ambulance Service

Ambulance Service

(*Section* 27, *National Health Service Act,* 1946)

W. R. Brown, *Ambulance Officer*

The strength of the Ambulance Service at the end of 1953 was as follows:—

Staff	*Vehicles*
Ambulance Officer	13 ambulances
2 clerks	5 large coach ambulances
3 shift foremen	1 small coach ambulance
46 driver/attendants	5 sitting case cars
1 mechanic	
1 semi-skilled mechanic	
5 part-time female escorts (for mentally handicapped children)	

A summary of the work done by the Service during 1953, with figures for previous years, is shown in the following table:—

Table 1

Year	1948	1949	1950	1951	1952	1953
Cases	24,059	47,012	69,691	85,237	93,128	107,660
% increase on previous year . .	—	95	48	22	9	15
Mileage	157,451	250,969	284,758	300,618	309,779	347,960
Average miles per case	6·54	5·34	4·08	3·58	3·35	3·23

The number of cases dealt with in 1953 was 229 per cent greater than in 1949; the first full year of the National Health Service.

The following table gives details of the number of patients, journeys, mileage, etc., by type of vehicle:—

Table 2

	Type of Vehicle			
Patients	Ambulance	Sitting Case Cars	Sitting Case Coaches	Total
(a) Accidents	2,847	320	54	3,221
(b) Others	41,607	15,281	47,551	104,439
	44,454	15,601	47,605	107,660
Journeys				
(a) Patients	11,282	4,347	3,641	19,270
(b) Abortive and Service . .	314	386	140	840
(c) Analgesia	447	729	20	1,196
	12,043	5,462	3,801	21,306
Mileage	177,670	99,639	70,651	847,960

The following table gives the approximate percentages (of total cases) of cases in certain categories:—

TABLE 3

Category	%
Outpatients	44
Mentally handicapped children	33
Admissions, discharges, transfers, etc.	17
Accidents	3
Maternity	2
Infectious diseases	1
	100

The work of the Service has continued to increase during the year. In fact, the percentage increase over the previous year is very significant. From 1949 to 1952 the trend in this connection has been downward, whereas in 1953, as shown in Table 1, a sudden increase occurred.

The total number of patients for the year topped the 100,000 mark for the first time. The increase of nearly 15,000 is very largely due to a great extension in the hospital facilities for outpatient treatment. Special clinics for diabetes, rheumatism cases and chest cases are adding to the work of the Service; furthermore, the early discharge of cases from hospitals due to pressure on bed space provides an increasing number of outpatients. It is now not uncommon for patients, after early discharge from hospital, to be taken in as stretcher outpatients on two, three and sometimes five occasions each week. These two factors, i.e., extra clinic treatment, and early discharges becoming outpatients, are very largely responsible for the additional work undertaken by the Service during the year.

It is worthy of note that the average miles per case has continued to show a progressive reduction since the commencement of the National Health Service, and is now only 3·23. This is made possible only by careful co-ordination of journeys and elimination of waste mileage. It is not always to the liking of outpatients when they have to travel in the company of several others, and take longer on the journey than they would if travelling alone, but the number of outpatients has reached such proportions that it is seldom possible to make individua journeys.

Extensions to the garage accommodation at the Ambulance Station were put in hand, and it is expected that cover for five large ambulances will be available in the spring of 1954.

Section 10

nspection and Supervision f Food and Food Premises

FOOD PREMISES
MILK SUPPLY
ICE CREAM
FOOD AND DRUGS
PHARMACY AND POISONS
FERTILISERS AND FEEDING STUFFS
MEAT INSPECTION
OTHER FOODS

Inspection and Supervision of Food and Food Premises

F. H. Myers, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops Act, 1950, and at the same time enforce the cleanliness provisions of Section 13 of the Food and Drugs Act, 1938, thus saving duplication of visiting.

A clean food guild has not been established in Bradford, but regular talks on food hygiene have been given to food handlers and canteen workers and this part of the work is mentioned more fully in the section of the Report covering Health Education.

Food Premises

During 1953 inspections of premises where food is handled, stored or sold numbered 4,775, and in this work considerable knowledge of the practices of the different trades must be exercised. The main emphasis of the visits was laid upon hygiene, and every endeavour was made to impress upon both managements and employees the care that must be taken in handling food.

In addition to personal hygiene, premises were checked concerning provision of washing facilities, state of repair, cleanliness of walls and ceilings, cleanliness of clothing and utensils, ventilation and the several provisions of the byelaws which cover the handling and wrapping of food.

In general, considerable improvement was observed since the introduction of the new byelaws, although in a number of cases it was necessary to give both verbal and written warning concerning breaches of the byelaws.

When requests for glass cabinets for counter displays of confectionery, biscuits, etc., were made, some traders expressed concern that sales may be retarded, but the public is becoming more and more clean food conscious, and such fears have proved unfounded.

Regular visits have been made both to the covered and open air markets, and much progress has been made in providing glass cabinets or screens for foodstuffs.

Fishmongers have been encouraged to display only the minimum amount of fish necessary to attract customers, and to keep the bulk of their stocks in refrigerators or ice boxes. Improvements in the construction of fish boxes, many of which are now lined with aluminium, facilitate cleansing and sterilisation when they are emptied, and inspections have been made to ensure that the terms of the byelaws concerned with the cleansing of such boxes have been observed.

Many food shops in Bradford act as receiving stations for laundries, and regular visits have been paid to such premises to ensure that the special provisions of the food handling byelaws are observed in this matter. Special containers have been provided and fixed in such a way that the food handlers do not need to touch the laundry.

In making 398 visits to cafes, restaurants and snack bars, 37 contraventions were observed and brought to the notice of the proprietors, but on follow-up visits almost all had been remedied. The smaller cafes generally rely on one sink for washing up, and more knowledge about detergents and sterilising agents is required amongst those who run them. Such information has been given at the time of the visits.

There are now 330 industrial canteens on the register. A satisfactory standard of hygiene was found in them.

With regard to the school meals service, steady progress was noted the provision of improved washing facilities for crockery and utensils. he number of visits made to school kitchens and dining rooms was 119.

The day nurseries under the control of this Department were visited n several occasions. Unlike the nursery schools, which receive meals repared in the central kitchens, these nurseries provide meals prepared n the premises, but here again conditions were found to be quite tisfactory.

Several visits were also paid to the four industrial nurseries in the ty. Again the hygienic handling of food was observed to be maintained t a high standard.

Milk Supply

The total amount of milk consumed daily in the city was about 3,000 gallons, which it is estimated is comprised of approximately 0 per cent processed milk and 20 per cent raw farm milk. Regular ampling of these supplies has been carried out during the year for hemical analysis, bacteriological examination and biological testing. o outbreaks of milk-borne disease occurred during the year.

ilk and Dairies Regulations, 1949

There were, at the end of the year, 1,167 persons registered for the ale of milk within the city. These may be classified as follows:

Dairymen	184
Shops where milk sold in sealed bottles only	983

In addition to the above there were 122 producer retailers engaged in ne sale of milk within the city.

ilk Special Designations

Licences authorising the use of special designations in relation to milk ere issued as follows:—

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, **1949**

Dealer's Licence authorising the use of the special designation "Tuberculin Tested"	194
Dealer's Licence authorising the use of the special designation "Accredited"	3
Supplementary Licence authorising the use of the special designation "Tuberculin Tested" ..	26

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK REGULATIONS, 1949

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised" ..	4
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	1
Dealer's Licence authorising the use of the special designation "Pasteurised"	181
Dealer's Licence authorising the use of the special designation "Sterilised"	1,047
Supplementary Licence authorising the use of the special designation "Pasteurised"	22
Supplementary Licence authorising the use of the special designation "Sterilised"..	10

Milk Processing

There were during the year four dairies engaged in the heat treatment of milk; three by the pasteurisation and one by the sterilisation process. It is estimated that a total of 25,000 gallons of milk was treated in the city daily.

Tuberculosis in Milk

The examination of milk for infection with the tubercle bacillus has proceeded throughout the year; particular attention again being paid to the local farms.

Milk from 10 per cent of these farms was found to be so infected, which is a marked increase on the 5·4 per cent of the previous year. Although it is disappointing to present such a high figure, this is tempered by the knowledge that the work has resulted in the detection and slaughter of so many tuberculous cows.

Since the end of the year it has become known that Bradford in 1954 is to be specified as an area in which all milk sold by retail must be "Specially designated" milk, that is pasteurised, sterilised or tuberculin tested milk. This step is particularly welcomed as a factor in limiting the availability of infected milk for consumption raw by the public. It is regretted that cream is not subject to similar requirements.

There were 210 dairy farms engaged in the production of milk in Bradford, and in addition milk from 55 farms outside the city boundary was sold here. A total of 726 samples from these milks was examined biologically at the Public Health Laboratory during the year. Of these samples, 22 were found to contain tubercle baccilli.

As a result of investigations arising from these reports it is known that 23 tuberculous cows have been slaughtered. In four cases, where the infected cows could not immediately be ascertained, notices were served on the farmer requiring all milk produced at the farm to be adequately pasteurised before sale. It is estimated that a total of 11,173 gallons of infected milk was made safe for consumption in this manner.

The following table shows the incidence of tuberculosis found in the different grades of milk during the past six years:

	1948	1949	1950	1951	1952	1953
Tuberculin Tested Herds—						
Samples taken	38	89	169	227	240	279
B. tuberculosis found . .	—	—	—	1	1	—
Accredited Herds—						
Samples taken	148	177	233	220	200	180
B. tuberculosis found . .	5	4	14	13	7	12
Ordinary Herds—						
Samples taken	149	159	278	268	267	267
B. tuberculosis found . .	7	4	17	13	5	10
Totals—						
Samples taken	335	425	680	715	707	726
B. tuberculosis found . .	12	8	31	27	13	22

Chemical Examination of Milk

Nine hundred and seventy samples were analysed. The results show that 33 of the samples gave an analysis under 3·0 per cent of fat and 567 over 3·5 per cent of fat, while 196 of these samples gave an analysis under 8·5 per cent of non-fatty solids. The total below both 3·0 per cent of fat and 8·5 per cent of non-fatty solids was 19. In most cases the adulterations were small and warnings were issued. Legal proceedings were instituted in three cases, particulars of which are given in the Food and Drugs Section.

Table 1 gives comparative figures for the milks examined during the period 1931 to the present year.

Table 1

CHEMICAL ANALYSIS OF MILK

YEAR	FAT						SOLIDS NOT FAT				Total
	Under 3·0%		3·0% to 3·5%		Over 3·5%		Under 8·5%		8·5% and over		
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	
1953	33	4·2	190	24·0	567	71·8	196	24·8	594	75·2	790
1952	21	2·5	168	19·5	668	78·0	196	22·9	661	77·1	857
1951	14	1·9	198	27·2	515	70·9	151	20·8	576	79·2	727
1950	10	1·3	188	25·6	539	73·1	95	12·9	642	87·1	737
1949	8	1·7	190	40·5	271	57·8	58	12·4	411	87·6	469
1948	8	1·4	235	41·7	320	56·9	131	23·3	432	76·7	563
1947	6	1·0	248	41·1	349	57·9	157	26·0	446	74·0	603
1946	11	1·9	221	38·8	337	59·3	111	19·5	458	80·5	569
1945	24	3·4	346	48·3	347	48·3	119	16·6	598	83·4	717
1944	23	3·0	247	32·1	489	64·9	54	7·0	705	93·0	759
1943	21	3·2	220	33·0	417	63·8	88	13·2	570	86·8	658
1942	18	2·7	181	27·2	460	70·1	92	13·8	567	86·2	659
1941	10	1·5	171	25·6	486	72·9	59	8·9	608	91·1	667
1940	13	1·9	213	31·9	452	66·2	27	4·0	651	96·0	678
1939	15	2·1	237	33·2	476	64·7	7	0·9	721	99·1	728
1938	27	4·2	268	41·4	352	54·4	21	3·3	626	96·7	647
1937	29	3·4	343	39·8	489	56·8	10	1·2	851	98·8	861
1936	15	2·8	213	39·6	310	57·6	1	0·2	537	99·8	538
1935	21	2·3	276	30·7	602	67·0	1	0·1	898	99·9	899
1934	33	3·5	348	37·3	552	59·2	9	1·0	924	99·0	933
1933	38	4·0	413	44·0	489	52·0	8	0·9	932	99·1	940
1932	47	5·0	353	37·7	537	57·3	10	1·0	927	99·0	937
1931	25	2·0	379	36·4	637	61·6	15	1·5	1026	98·5	1041

Examination of Raw Milk

Samples of raw milks were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture and Fisheries with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

Samples Taken	Methylene Blue Reductase Test	
	Pass	Fail
740	696	44

Examination of Heat-treated Milk

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports on which were generally satisfactory, as shown in the following table:—

Class of Milk	Number of Samples	Phosphatase Test		Methylene Blue Reductase Test		Turbidity Test	
		Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested Pasteurised ..	245	245	—	242*	—	—	—
Pasteurised ..	369	369	—	360*	—	—	—
Sterilised ..	89	—	—	—	—	89	—

*3 tests for Tuberculin Tested Pasteurised and 9 tests for Pasteurised milk reported void.

Ice Cream

During recent years ice cream has changed from being a seasonal delicacy to a regular article of diet throughout the year. In consequence much attention has been paid to the conditions under which it is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made, and there have been considerable building alterations and new plant has been purchased as a result of recommendations made to comply with the requirements of the Ice Cream (Heat Treatment) Regulations 1947–52. New machinery included heaters, coolers, freezers and refrigerator storage units, fitted with indicating and recording thermometers as necessary. During the year there has been a decline in the number of ice cream manufacturers within the city.

Steps were taken to prevent the contamination of ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

Bacteriological Examination

One hundred and eighty-four samples were submitted for examination during the year and they were graded as follows:

Provisional Grade	No. of Samples
Grade I	140
Grade II	31
Grade III	9
Grade IV	4
	184

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

During the first five months of the year the amended minimum standards were in operation. These were 4 per cent fat, 10 per cent sugar and 5 per cent milk solids other than fat.

During this period 9 samples were submitted to the Public Analyst and all were reported to be satisfactory.

The average figures reported from analysis of these samples were:—

Fat	9·21 per cent
Sugar	11·83 per cent
Milk solids other than fat	10·05 per cent

From the 1st June, 1953 under the provisions of the Food Standards (Ice Cream) Order, 1953, the original minimum standards have been restored. These are 5 per cent fat, 10 per cent sugar and 7½ per cent milk solids other than fat.

During this period 15 samples were submitted to the Public Analyst nd all were reported to be satisfactory.

The average figures reported from analysis of these samples were:

Fat	10·54 per cent
Sugar	13·73 per cent
Milk solids other than fat . .	8·93 per cent

The following table shows the percentages of the ingredients found n analysis:

FAT

	Percentage					
	Under 5·0	5·0—6·9	7·0—8·9	9·0—10·9	11·0—12·9	13·0 and over
1st January—31st May . .	–	1	4	2	1	1
1st June—31st December . .	–	–	4	4	5	2

MILK SOLIDS OTHER THAN FAT

	Percentage					
	Under 7·5	7·5—8·4	8·5—9·4	9·5—10·4	10·5—11·4	11·5 and over
1st January—31st May . .	–	1	1	4	3	–
1st June—31st December . .	–	6	4	4	1	–

SUGAR

	Percentage				
	Under 10·0	10·0—11·9	12·0—13·9	14·0—15·9	16.0 and over
1st January—31st May . .	1	2	5	1	–
1st June—31st December . .	–	–	10	4	1

Food and Drugs

The number of samples of food and drugs taken under the Act and ubmitted by the Sampling Officer for analysis was 1,095; of these ,011 were certified as genuine and 84 adulterated or doubtful.

In the majority of cases the adulterations were small and the vendors ere cautioned.

Legal proceedings were instituted against 3 producers of milk for elling milk containing added water. Proceedings were successful in ach case and the following penalties were imposed:—

(*a*) A fine of £5 on each of 6 charges and payment of £3 3s. costs.

(*b*) A fine of £10 on each of 4 charges and payment of £8 8s. costs.

(*c*) A fine of £20 on a single charge and payment of £3 3s. costs.

A table showing the number of samples procured and examined during 1953 will be found in the Appendix.

Extraneous Matter in Food

A number of complaints were investigated and related to both food manufactured in the city and in other areas. It is often found that people making such complaints are unwilling to appear in Court to assist in taking legal proceedings, and, of course, action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint and in the case of outside manufacturers the matter is taken up by correspondence with the latter and also by advice to the Public Health Department of the area concerned. Strong warning letters were sent to manufacturers in the majority of cases. Complaints have included the following:

Spider beetles in meringue.
Nail in cream confection.
Insect in loaf of bread.
Nail in chocolate confection.
Pin in coconut pyramid.
Mouse dropping in teacake.
Hessian in loaf.
Metal in sugar confection.
Metal in mincemeat.
Metal in chocolate confection.

Legal proceedings were instituted against one manufacturer in respect of the sale of a chocolate confection containing what appeared to be a part of a razor blade. The bench imposed a fine of £5 and ordered the defendant to pay £1 10s. 6d. costs.

Continued vigilance has been exercised on premises throughout the city to ensure the enforcement of the Merchandise Marks Act, 1926.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority in relation to the control over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitrobenzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The number of applications for entry on the list of the Local Authority under the above Act was 638. The following table sets out the number of persons entered according to the respective trades. Each of the premises was inspected when applications were received.

Number	Horticulture	Hardware Dealers	Herbalists	Hair-dressers	Grocers/and General
638	10	73	6	9	540

Fertilisers and Feeding Stuffs Act, 1926

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

Meat Inspection

With the installation of another stunning pen all that part of the abbatoir used by the Ministry of Food during control has been brought up to modern standards, and the hanging of edible offals on series of hooks mounted in triplicate has materially facilitated inspection.

During the year the abattoir has served a population in excess of Bradford residents, and large numbers of cattle have been slaughtered for consumption in the London area. The carcases were cooled, wrapped in new muslin, and transported by British Railways in refrigerator wagons. In all cases the wagons were inspected at Forster Square Station before the loading of the meat commenced.

Twelve cases of cysticercus bovis were found in cattle during the year; a very considerable reduction on the number found in the previous year. The carcases and organs were refrigerated at 14°F. for 21 days n the Corporation Cold Store and were then released for food.

Forty-five cows were slaughtered at the abattoir under Form A Tuberculosis Order, 1938. In all cases the udder was found to be affected, and tuberculosis bacilli were demonstrated microscopically in the milk.

The small laboratory at the abattoir has been used throughout the year, and has proved a most useful addition to the meat inspection service. Examinations which cannot be undertaken there are carried out on behalf of the local authority at the M. R. C. Laboratory, Edmund Street, Bradford.

A large number of specimens of all types were collected during the year for demonstration purposes at Bradford Technical College. Further specimens have been preserved and added to the exhibition in the abattoir lecture room. Throughout the year blood cells have been obtained for the M. R. C. Laboratory for serological purposes and for media.

The slaughterhouse owned by the Bradford Co-operative Society has been in use throughout the year in connection with their bacon factory.

Other Foods

Supplies of fish, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale fish warehouses and retail shops. Most of the fish, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the city for the condemnation of foods such as bacon, fats and tinned foods was 1,232.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs, and the remainder were destroyed. Details regarding foods condemned will be found in the Appendix.

Section II

Environmental Hygiene

- DISTRICT INSPECTION
- COMMON LODGING HOUSES
- HYGIENE in
    - FACTORIES
    - WORKPLACES
- OUTWORKERS
- RAG FLOCK AND OTHER FILLING MATERIALS
- SHOPS ACT
- RODENT CONTROL
- SMOKE ABATEMENT
- MEASUREMENT OF ATMOSPHERIC POLLUTION
- HOUSING
- BRADFORD CORPORATION ACT, 1949
- DISINFECTION AND DISINFESTATION
- WATER SUPPLY

Section 11

vironmental Hygiene

F. H. Myers, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector*

In the latter part of the year contracts were let and work commenced the conversion of the waste waterclosets remaining in the city under e scheme previously adopted by the City Council. Acting under ction 47 of the Public Health Act, 1936, and following service of the propriate notices, the Council invite tenders for large groups of osets, and recover half of the cost from the owners. By this method ices have been obtained at a much smaller figure per house than ould be the case if owners were allowed to choose their own con- actors for individual jobs, and thus the cost to both the owners and e Corporation is being reduced. Winter had set in when the work mmenced and there is no spectacular progress to report this year, it the rate of conversion will increase as the scheme gathers momentum d it is anticipated that all the 4,000 waste waterclosets will have been nverted to waterclosets within the next five years.

In common with many other authorities it has not been possible to aintain a full establishment of sanitary inspectors, but the staff have pt pace with the great volume of routine work, as shown in the llowing pages and in the Appendix, and, in addition to the work volved in preparing the above conversion scheme, detailed inspection s been commenced of the houses in those areas designated for early m clearance action.

District Inspection

The district sanitary inspectors work under the supervision of the o Divisional Inspectors and cover all the routine duties not allocated specialist inspectors. They investigate all complaints, of which

4,319 were received during the year, and, where these visits result in the service of notices, it often requires several additional visits to enforce satisfactorily the abatement of the nuisance. Whenever there was failure to comply with notices served under the sections carrying default powers the work was executed by the City Engineer and Surveyor by direct labour and the costs recovered. Where necessary court proceedings were instituted in order to enforce abatement notices which could not be carried out in default.

Many premises other than dwellings are examined by the district inspectors, for example, 400 visits were made to piggeries, and the varied nature of this work leads to an intimate knowledge of the area covered.

During the year the district inspectors supervised 134 exhumation and ensured that re-interment was carried out expeditiously and without nuisance.

Common Lodging Houses

At the end of the year there were five registered common lodging houses in the city, comprising 26 sleeping rooms and affording nightl accommodation for 280 males, four females and four couples.

The total number of persons accommodated during the year wa 66,216. The nightly average was 181, representing 62 per cent of th accommodation available.

The following table shows the number of nights spent by single men women, young persons and couples in common lodging houses durin the year:—

Adults			8 to 21 years		Under 8 years	
Males	Females	Couples	Males	Females	Males	Females
65,124	1,092	—	—	—	—	—

All the houses have been lime-washed and cleansed in accordanc with the requirements of the byelaws made under the Public Health Act

The total number of inspections made during the year was 66. Ther have been no cases of infectious disease reported during the year i any common lodging house. No difficulties have been experienced i gaining admittance, and it has not been necessary to resort to Polic Court proceedings.

The extensive alterations and improvements at the two hostels administered by the Salvation Army authorities mentioned in the 1952 Report have been virtually completed during this year. The Richard Street hostel now provides modern washing facilities, footbaths, baths and sanitary accommodation. All the sleeping accommodation at this hostel has now been divided into cubicles, thus giving that degree of privacy which modern thought demands. Similar modernisation of the washing facilities is to be carried out at the Peel Street hostel in the near future, but the cheaper open dormitory accommodation will be retained in this case.

Hygiene in Factories

At the end of the year there were 2,452 power factories and 265 non-power factories recorded in the register maintained by the Local Authority in accordance with the requirements of the Factories Act, 1937. Responsibility for enforcing the provision and maintenance of sanitary accommodation in all factories is laid upon the City Council, and the Council is the enforcing authority in regard to cleanliness, overcrowding, temperature, ventilation and drainage of floors in the non-power factories.

The greater part of the work undertaken during the year was in connection with the alterations to existing and the provision of new sanitary accommodation. In certain instances this also involved the installation of additional washing accommodation. Whenever possible in the interests of personal hygiene the washing facilities are either installed in or in close proximity to the conveniences. Unfortunately, this arrangement cannot be enforced and in certain cases the existing facilities are some distance away.

The general trend is to provide washable wall surfaces and impervious floors, and in order to obtain such conditions the choice of materials varied considerably, but in certain instances a standard usually associated with modern commercial and public buildings was obtained.

On the whole the sanitary conveniences were found to be well maintained, but it was noted that in certain cases misuse of the accommodation was evident.

A full report will be found in the Appendix giving in detail the work carried out, and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

Hygiene in Workplaces

The term "workplace" is defined as including any place where persons are employed, otherwise than in domestic service, and which is not a "factory," and this definition is the means whereby local authorities are empowered to supervise conditions in offices.

Such premises were visited on 81 occasions for inspection and supervision of work in progress. Most of the visits were in connection with schemes for the provision or improvement of sanitary accommodation which had been submitted voluntarily, for the routine inspection of such premises was not possible on any appreciable scale.

The summary in the Appendix of work executed in factories includes work carried out in work places.

Outworkers

The register of outworkers was kept up to date and, where the lists of outworkers sent to this Authority included any person or persons whose place of employment was outside this district, the council in whose district those persons were employed was furnished with their names and addresses as required by Section 110 (2).

The number of outworkers' premises visited during the year was 464, which number includes all those newly registered. In all cases the premises visited were found to be satisfactory.

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service, will be found in the Appendix.

Rag Flock and Other Filling Materials Act, 1951

In order to ensure that the standards of cleanliness for the filling materials used in any form of upholstering and in the stuffing or lining of bedding, toys and baby carriages were being maintained, 15 formal samples were taken during the year. These were varied and consisted of rag flock, coire fibre, cotton millpuffs, hair, kapok and woollen mixture felt. They were submitted to the analyst prescribed under the above Act and the associated Regulations. He reported that all were clean and therefore no action was required by the Department. Twenty-three visits were made to licensed and registered premises.

The annual licences in respect of a rag flock stores and of premises used for the manufacture of rag flock were again renewed.

Three additional applications were received for registration of premises in which it is the applicant's intention to use filling materials named in the Act in the manufacture of articles. At the end of the year the total number of such premises registered by the Council was 30.

Administration of the Shops Act, 1950

The total number of shops on the register at the end of the year was 7,075. Food was sold in 4,025 of these premises.

Continuous inspection was carried out throughout the year and many minor breaches of the Act were found. For example, in 218 shops employers had failed to exhibit the notice referring to specific provisions of the Act, and they were cautioned in each case.

Special visits were made to 1,853 premises where female assistants were employed, and it was found that in 75 cases forms requiring seats for assistants had not been exhibited.

In 8 cases no notice was posted specifying the closing day. The number of shops which had not exhibited the prescribed form relating to the weekly half holiday of shop assistants was 104, and in 10 shops notices were not provided specifying the daily hours and meal times of young persons. In the retail shops employers had not fixed the abstract concerning the employment of young persons in 5 cases.

Seventeen shops, where mixed trades were carried on, did not exhibit notices of prohibited goods. In one case a shop was open for sale after closing hours.

As regards Sunday trading, eight shops were open for the sale of non-exempted articles, and in four cases notices indicating which articles were for sale were not displayed.

In all cases of contraventions of the Act a written warning was sent.

Prosecutions

During the year prosecutions were instituted against the occupants of four shops for breaches of the Exempted Shops (W.H.H.) Order, 1913. In each case the defendant was found guilty and discharged.

A prosecution was also instituted against a shopkeeper for a breach of the Sunday Trading provisions of the Shops Act, 1950. A fine of £4 was imposed.

Rodent Control

Early in the year the work of rodent control was altered radically by a change over from zinc phosphide poisoning to the use of warfarin, an anti-coagulant used in an oatmeal base. Indeed, most of the surface infestations have been treated with this substance, thus effecting a considerable saving in time spent pre-baiting, and at the same time achieving better results than with the older poisons. Zinc phosphide and arsenic are still being used for treatments in the sewers in a base of sausage rusk or bread mash because warfarin cannot be used in the damp atmosphere of such places.

During the year 1,557 premises were inspected and 917 were foun to be infested by rodents. Of these, 527 were infested by mice an 390 by rats.

Work proceeded throughout most of the year in regard to rats i the public sewers. Examination and baiting was carried out at 4,90 manholes and of these it was found necessary to lay poison at 1,118.

Details of premises infested and treated are as follows:

Business Premises	200
Canteens	40
Cafes	20
Food Shops	81
Farms and Smallholdings	8
Private Dwellings	396
L.A. Properties	48
Schools and School Kitchens	57
B.C.P.T. Depots	–
Markets and Abattoir	57
Tips	10
Total	917

Many of the infestations in Corporation properties (school dining entres and canteens, markets, tips, etc.) were found as a result of outine inspections.

After disinfestation 124 premises were rat proofed.

Post-mortem examinations have been performed on numbers of rats nd mice killed in the city during the year as a routine check on the bowel rganisms which may be carried by these dangerous reservoirs of ifection.

Smoke Abatement

The products of combustion from 571 boilers, kilns and furnaces hich are used in industry, offices, shops and schools for power, process ork or space heating are emitted into the atmosphere from 344 imneys, 275 of which are 60 feet or more high. At the last survey it as found that almost one third of the installations were still hand ed. During the summer months there is a reduction in the number boilers operated and it is estimated that 100 chimneys become active. These figures do not include any coke burning plants.

During the year 37 complaints of excessive smoke and 5 complaints grit emission were investigated, but many of the alleged nuisances re not found to be justified. It was noted, however, that more interest was being shown in this matter by the public, and it would appear that interest has been stimulated through the medium of the Press, radio and television. During the year 322 visits were made in connection with atmospheric pollution.

There were 246 observations made of industrial chimneys for periods of not less than 30 minutes' duration and on 10 occasions black smoke was seen to be emitted for more than three minutes in the aggregate during a continuous period of half an hour. In one instance where the boiler was hand fired the firm concerned gave instructions for mechanical stokers to be fitted, and the work will be carried out early in 1954.

In addition to the above, two other nuisances were found to exist through the emission of grit and smoke other than black. Although all the premises were visited where a nuisance was found, it was necessary in both of these latter cases to serve statutory notices.

Measurement of Atmospheric Pollution

The standard deposit gauges and the lead peroxide instruments were maintained at the five established stations; and the volumetric apparatus for measuring the mean daily concentration of sulphur dioxide and smoke in the atmosphere, which is fixed in the Town Hall, was in operation throughout the year, including Sundays and statutory holidays.

Deposit Gauges

As there are now five stations it can be assumed that a more accurate indication is obtained of the atmospheric deposit than prior to 1950, when only two stations were maintained in the city. Even so, the additional stations have not been operated over a sufficient length of time to show the general trend in the area.

The monthly reports received from the City Analyst show that the annual deposit, with the exception of the sulphate and the lime, is less than in the previous year, the approximate decreases being tarry matter 34 per cent, carbon 5 per cent, ash 19 per cent, and chlorine 22 per cent. Although the amount of impurities collected depends to a great extent upon the climatic conditions as well as on the changes in the rate of emission from the chimneys, a decrease of tarry matter is inevitable as combustion becomes more efficient or as less bituminous coal and more smokeless fuels are burned, both in the home and in industry. With regard to the sulphate the slight increase of 8 per cent would probably be due to meteorological factors, such as rainfall or excessively humid atmospheric conditions, and not to the combustion of a greater weight of fuels.

The city covers an area of 39·849 square miles and, assuming that the average of the five stations represents the total deposit of solids arising from smoke emission, then 9,597 tons of the products of combustion fell on the city during the year. Based on the assumption of equal deposit this total would include 65 tons of tar, 2,017 tons of carbon and 3,798 tons of ash.

On comparing these figures with those based on the average for the four years that the five stations have been operated, it was found that a substantial decrease was indicated. A comparison should not, however, be made between these figures and those last given in a pre-1950 report as the latter were based on the mean averages of two stations only.

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was 3 hours 24 minutes. In the interests of health advantage must be taken of the small amount of available sunshine and the ultra-violet radiation associated with it, but, unfortunately, this cannot be fully achieved without first obtaining smokeless air.

Lead Peroxide Instruments

Analyses of the samples collected at the five stations are given below in milligrams of SO_3 per day per 100 square centimetres of lead peroxide for the twelve months' period:—

1953	Britannia House	Heaton Reservoir	Bierley Hospital	Chellow Heights	Ambulance Station
January	2·08	1·39	1·87	1·28	1·73
February	1·63	1·23	1·38	1·12	0·96
March	2·57	1·93	2·10	1·87	1·54
April	1·14	0·97	1·18	1·37	1·02
May	0·53	0·50	0·76	0·62	0·58
June	0·73	0·76	0·74	0·69	0·61
July	1·02	0·77	0·56	0·53	0·74
August	1·28	0·91	0·59	0·79	0·51
September	2·12	1·51	0·88	1·24	0·98
October	4·18	3·12	1·11	1·16	1·78
November	4·09	3·81	2·38	3·04	2·01
December	4·35	3·28	2·17	3·06	1·63

Measurement of Sulphur dioxide and Smoke by the Volumetric Apparatus

The apparatus for measuring the daily concentration of sulphur dioxide and smoke has been in operation continually for the last two years, but for statistical purposes this length of time is insufficient to show any definite change in the area.

In order to ascertain the daily variations during the summer and winter months separate records were kept, and the months from April to September inclusive were taken as representing the summer period. On comparing the daily averages for the summer with those for the same period in the previous year it was found that the smoke concentration was less but the sulphur dioxide had increased. The winter figures, however, indicated an increase of both pollutants.

For the first time the general holiday period for the city was extended to two weeks and as a result a comparison was made between the same weeks of the previous year. The first week indicated a decrease of 43 per cent smoke and 32 per cent sulphur dioxide. A decrease was pected, as the factories in the previous year were working, but during e second week, which on both occasions was a holiday period, there s a 15 per cent and 19 per cent increase of smoke and sulphur dioxide spectively. Such pollutants have no boundaries and therefore the crease could be due to additional sulphur dioxide and smoke which d originated from sources outside the city, and not to excessive local mestic emissions.

The daily concentration is affected by the atmospheric conditions d as the daily, weekly or yearly variations do not necessarily indicate e general trend it is intended to continue further with these observans. Although decreases of smoke are at times noted it is essential in e interests of smokeless air that the industrial and domestic conmers of bituminous coal co-operate fully to obtain smokeless mbustion.

The figures given below show the highest, the average and the lowest ily mean concentration of sulphur dioxide and smoke for each month the year. They also show the percentage of days of each month when sulphur dioxide was (1) below 0·1, (2) between 0·1 and 0·2, and above 0·2 parts per million.

	Smoke expressed as milligrams per 100 cubic metres			Sulphur dioxide expressed as parts per 100 million parts of air			Percentage of days (SO_2)		
Month	Highest Value	Average Value	Lowest Value	Highest Value	Average Value	Lowest Value	Highest Value	Average Value	Lowest Value
nuary	88·10	53·12	14·09	29·71	17·77	8·10	38·7	54·8	6·5
bruary.. ..	77·53	42·42	7·04	25·39	12·23	5·78	10·7	53·6	35·7
rch	144·50	60·34	7·04	70·58	22·56	4·63	51·6	38·7	9·7
ril	55·71	25·74	14·27	18·11	10·24	6·94	Nil	46·6	53·4
y	41·78	18·20	3·61	13·08	6·96	1·77	Nil	9·7	90·3
ne	28·54	15·51	3·52	9·76	6·09	2·89	Nil	Nil	100·0
ly	21·67	13·97	3·52	7·52	4·70	2·73	Nil	Nil	100·0
gust	28·54	14·95	3·48	9·06	4·73	2·31	Nil	Nil	100·0
ptember ..	42·81	25·35	7·04	14·43	8·33	3·75	Nil	17·0	83·0
tober	*184·23	56·80	7·22	62·68	20·36	4·15	32·3	45·2	22·5
vember ..	76·60	43·06	14·45	35·22	14·29	5·66	16·7	60·0	23·3
cember ..	140·88	55·15	14·27	37·17	16·12	4·68	26·0	58·0	16·0

he smoke stain was darker than the maximum on the scale of shades, but this figure was calculated with the factor for the maximum shade.

Housing

Pending the recommencement of full scale slum clearance, actio has been confined to the most pressing cases, and the Council mad individual demolition orders under Section 11 in 70 cases where it wa found that the premises could not be made fit for human habitation a reasonable expense. In addition 38 dwellings were closed as being unfi for human habitation under powers contained in the Bradford Corporation Gas and Improvement Act, 1871.

The value of investment property is ruled by the rent whic constitutes the return on the capital invested. By law the value of property must be taken into consideration when a decision is reache as to whether a house can be repaired at "reasonable expense." Th low rents of controlled properties in Bradford compared to the hig cost of building repairs makes more and more difficult the use of th repair section of the Housing Act, 1936 (Section 9), for more and mor cases are arising where the cost, say, of new ceilings, roof repairs an renewals of cooking facilities together amount to more than the house will realise on the open market after the works have been carried out

Nevertheless 187 notices were served requiring works necessary t make the houses fit for human habitation, but large scale work on thes lines is required if the deteriorating dwellings of today are to be prevente from becoming the slums of tomorrow, and the improvement gran scheme contained in the Housing Act, 1949 does not cover these man cases of neglected maintenance.

Further details of the work in regard to housing are shown in th Appendix.

The Department has successfully represented many cases of ove charging to the Tribunal established under the Furnished Houses (Re Control) Act, 1946, and reductions have been thereby effected.

Rehousing Work

Inspections were made of the effects of all persons who were applicants for tenancies of Corporation houses when they qualified under the "points" scheme for a house. Further, an inspection was made of the houses involved when tenants made application for transfers or exchanges, and all vacant Corporation houses were inspected before they were re-allocated.

To this end, during the year 1953, 2,002 visits were made by the housing inspectors. Of these, 1,485 inspections were made of the premises occupied by applicants for Corporation houses, and 312 were found to be verminous. The tenants of 157 of these verminous houses were subsequently rehoused, and disinfestation was carried out in each case prior to removal.

The number of inspections made of Corporation houses involved in transfers or exchanges was 188, and one was found to be verminous. Unoccupied houses inspected numbered 232, and 34 were found to be verminous. These houses were disinfested prior to re-letting. In all, 388 visits were abortive, for in many cases the applicant had gone away without informing the Estate Office of the change of address, or, in the case of transfers, the applicant had suffered a change of mind.

Points System—Medical Cases

In the points system adopted by the Council for the allocation of Corporation dwellings provision is made for priority to be given in cases of urgent necessity on medical grounds.

No less than 1,111 claims for such priority were investigated during the year and in 187 cases special recommendations were made. Thus 16·83 per cent of the cases investigated were supported, which represents 13·11 per cent of the total of 1,426 lettings made during the year.

Of the cases supported on medical grounds 35·3 per cent were in respect of patients suffering from pulmonary tuberculosis.

Bradford Corporation Act, 1949

Establishments for Massage or Special Treatment

Continuing the policy of refusing to grant licences under the provisions of the above enactment to persons wishing to practise massage or special treatment who do not possess suitable qualifications, the Health Committee refused one such application during the year.

At the start of the year 88 current licences were in force; during the course of the year 3 new applications were granted by the Committee and 3 transfers were approved to new premises. At the end of the year, 3 licensed persons had ceased to practise, consequently the total number of licences in force remained at 88.

At the annual licensing meeting of the Committee in October, it was reported that all establishments had been re-inspected and, with one exception, no breaches of the byelaws had been observed. In this one case, the licensed person had failed to keep up-to-date the record of particulars of cases of curative treatment as required by Byelaw 6. As a result of an interview later with the Deputy Medical Officer of Health, the record has since been properly kept.

It was not found necessary to institute legal proceedings during the year, and in the case of the one person whose application for a licence was refused no appeal was made against the decision of the Committee.

With regard to the "Registered Members" under the provisions of Section 68 of the Act, the necessary exemption certificates were duly received in respect of the three such establishments in the city.

Hairdressers and Barbers

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 399 such premises on the register, and during the year 548 visits were made to them. Generally speaking the majority of the proprietors endeavoured to maintain a good standard of hygiene. Several contraventions of the byelaws were observed during these visits, mostly of a minor character. Occupiers were warned either verbally or by letter, and upon re-inspection conditions were found to be satisfactory.

Disinfection and Disinfestation

During the year the work of disinfection and disinfestation, and cleansing of verminous premises, persons and articles carried out at and from the disinfecting station continued with very little evidence of any diminution of this work. The number of premises disinfected in connection with cases of infectious disease showed an increase and the number of premises disinfested showed a decrease compared with the previous year. More than double the number of treatments were given in the cleansing section for head and body lice, etc., probably due to the more efficient arrangements made for the discovery and reporting of such infestations amongst school children at the clinics.

The tests of the formaldehyde process adapted to one of the two steam-disinfecting machines were completed and the results showed that formaldehyde injected into the chamber instead of live steam was almost, but not quite, the equal of steam under pressure in the destruction of specially prepared and sited cultures of the test organism.

The disadvantage to the regular use of this process is the difficulty experienced in dispersing the fumes of formaldehyde quickly and completely from the articles treated. After frequent trials, a method of overcoming this difficulty was evolved.

The following tables summarise the work of this section of the Department during the year:

Disinfection	
Number of premises disinfected..	915
Number of rooms disinfected	963
Number of articles disinfected	2,562
Number of library books destroyed	549
Disinfestation	
Number of premises disinfested..	414
Number of rooms disinfested	876
Number of articles disinfested	2,278

Cleansing of Verminous Persons and Articles

(1) *Scabies*

Number of cases—adults	6
school children	8
pre-school children	—
Number of baths and treatments given	34

(2) *Head and Body Lice, Fleas, etc.*

Number of cases—adults	76
school children	368
pre-school children	42
Number of baths given	120
Number of treatments given	1,097
Number of articles disinfested	326
Number of cases from outside the city	4
Number of treatments given	11
Total number of operations of steam disinfecting machines	198

Water Supply

The following report on Bradford's water supply has been prepared with the assistance of Mr. G. F. Renton, B.SC., M.I.C.E., M.I.W.E., Waterworks Engineer.

(i) *Quality and Quantity*

The water supply to the area of the city supplied by the Corporation has been satisfactory both in quality and quantity.

(ii) *Bacteriological Examination*

Bacteriological examinations have been made on 940 samples taken throughout the area of supply and at the treatment plants. All water supplied is filtered and chlorinated and 91·6 per cent of the samples of treated water showed a zero count of bact. coli per 100 c.c's.

(iii) *Chemical Analysis*

The following is a typical chemical analysis:—

	parts per million
"Total solids	100
Chloride	12
Total hardness	36
Lead, copper, zinc	Nil
Iron	Nil
Free amonia	0·01
Albuminoid ammonia	0·02
Nitrous nitrogen	Nil
Nitric nitrogen	0·30
pH	7·2

This water is of good organic purity.

(*Signed*) F. W. M. Jaffe,
Public Analyst.

Plumbo Solvency

The following table shows the reservoirs, sources and places of atment, at different levels, of the water supply of the city.

Reservoir	Source	Treatment	Level
Brayshaw	Worth Valley	Thornton Moor	High
Horton Bank	do.	do.	do.
Stubden	do.	Thornton Pressure Filters	do.
Thornton Moor	do.	do.	do.
Chellow Heights	Nidd Valley	Chellow Heights	Intermediate
Heaton	Barden	Gilstead	Low
Gilstead	do.	do.	do.

Waters from two reservoirs (Stubden and Thornton Moor) are liable be plumbo solvent, and lime is added to correct this tendency.

During the year, 229 samples of water were analysed for plumbo vency.

The average pH values of the waters were as follows:

Level	Reservoir	No. of Samples	Average pH
High	Brayshaw	23 samples, first draw	6·8
		24 samples, after running to waste	6·8
do.	Horton Bank	6 samples, first draw	7·0
		6 samples, after running to waste	6·9
do.	Stubden	5 samples, first draw	6·9
		5 samples, after running to waste	6·9
do.	Thornton Moor	5 samples, first draw	7·6
		5 samples, after running to waste	7·4
Intermediate	Chellow Heights	35 samples, first draw	7·3
		35 samples, after running to waste	7·2
Low	Heaton	30 samples, first draw	7·4
		30 samples, after running to waste	7·3
do.	Gilstead	5 samples, first draw	7·1
		5 samples, after running to waste	7·1

Of the 229 samples, two only showed any lead content. One sample, st draw, from Heaton reservoir on the 17th April, showed $\frac{1}{140}$th ins per gallon, and one, after running to waste, from Chellow Heights, 12th June, showed $\frac{1}{12}$th grains per gallon.

Contamination

The chlorination plant to rechlorinate the water from the Horton nk Service Reservoir (referred to in the report for 1952) is now mpleted and in operation.

(vi) *Number Supplied with Water*

The area of supply of the Corporation includes the whole of the city with the exception of some 130 houses in Esholt, which are supplied with water by the Yeadon Water Company Ltd.

In the area of the city generally supplied by the Corporation, 11 houses are without a piped supply from public water mains. These premises, mostly in outlying districts, draw water from wells, springs etc., and efforts are being made to pipe water to them.

There are no stand pipe supplies.

Appendix

Table I *Vital Statistics of Whole District,* 1944–1953

Year	Population estimated to Middle of each Year	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Numbers	NET				of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate	Number	Rate			Number	Rate per 1,000 Net Births	Number	Rate
1944 ..	261,890	4,823	4,645	16·15	4,230	16·2	447	151	249	53	3,934	15·0
1945 ..	262,660	4,313	4,136	15·84	4,169	15·9	423	156	271	65	3,902	14·9
1946 ..	279,040	5,871	5,404	19·39	4,371	15·7	471	135	265	49	4,035	14·4
1947 ..	284,900	6,473	6,334	22·23	4,782	16·8	494	151	380	59	4,439	15·6
1948 ..	288,500	5,599	5,439	18·84	4,193	14·5	467	145	235	43	3,871	13·4
1949 ..	291,600	5,344	5,048	17·3	4,637	15·9	592	178	191	38	4,223	14·5
1950 ..	294,300	5,111	4,906	16·7	4,517	15·4	497	153	185	38	4,173	14·2
1951 ..	289,800	4,919	4,769	16·4	5,008	17·3	731	179	208	43	4,456	15·4
1952 ..	288,000	4,885	4,744	15·9	4,372	15·0	638	211	155	33	3,945	13·7
1953 ..	286,600	4,871	4,653	15·9	4,502	15·4	554	111	169	36	4,059	14·2

Table 2 *Vital Statistics in Bradford,* 1920–1953

Year	Population	Birth Rate	Death Rate	Infantile Mortality Rate
1920 . .	293,979	20·52	13·31	93
1921 . .	291,100	19·57	13·72	109
1922 . .	291,300	17·92	14·02	87
1923 . .	290,800	18·19	13·75	78
1924 . .	290,200	16·94	14·86	92
1925 . .	290,200	16·63	13·97	95
1926 . .	288,700	16·31	13·58	92
1927 . .	293,200	14·73	14·57	92
1928 . .	288,500	15·32	13·60	69
1929 . .	289,200	15·03	15·66	80
1930 . .	293,254	14·92	13·45	75
1931 . .	300,900	13·56	14·21	71
1932 . .	296,300	13·56	13·89	75
1933 . .	295,100	13·22	14·68	79
1934 . .	293,650	13·68	13·35	62
1935 . .	292,200	13·55	14·28	64
1936 . .	290,500	13·42	14·93	82
1937 . .	289,510	13·85	14·64	69
1938 . .	288,700	13·51	13·76	58
1939 . .	287,500	12·42	14·91	61
1940 . .	*271,700	12·81	15·85	68
1941 . .	*270,310	12·35	14·81	68
1942 . .	*264,800	13·90	13·29	50
1943 . .	*260,300	14·46	14·43	58
1944 . .	*261,890	16·15	15·00	53
1945 . .	*262,660	15·84	14·90	65
1946 . .	*279,040	19·39	14·46	49
1947 . .	284,900	22·23	15·60	59
1948 . .	288,500	18·84	13·41	43
1949 . .	291,600	17·3	14·50	38
1950 . .	294,300	16·7	14·2	38
1951 . .	289,800	16·4	15·4	43
1952 . .	288,000	15·9	13·7	33
1953 . .	286,600	15·9	14·2	37

* Civil Population

Table 3

Public Health (Tuberculosis) Regulations, 1952

Summary of Notifications of Tuberculosis during 1953

	Number of Primary Formal Notifications of New Cases of Tuberculosis															
Age Periods	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)	*	Grand Total
Respiratory, Males.. ..	–	3	2	5	1	11	16	48	32	40	23	13	1	195	18	213
Respiratory, Females ..	–	–	2	2	3	16	28	38	12	5	3	–	1	110	3	113
Non-respiratory, Males ..	1	–	1	5	1	1	–	7	–	4	4	–	–	24	2	26
Non-respiratory, Females ..	2	–	2	6	2	5	6	3	1	1	1	1	–	30	2	32
											Totals	..	..	359	25	384

* New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification (i.e., death returns from local registrars, transferable deaths from Registrar General, and post-humous notifications).

Table 4 *Age Distribution of Cases of Infectious Disease,* 1953

		At ages—Years							
Disease	At all ages	Under 1	1–2	3–4	5–9	10–14	15–24	25 and over	Age un-known
Scarlet Fever	872	3	57	196	538	52	16	5	5
Measles	2,822	163	756	842	937	58	20	36	10
Whooping Cough	1,564	4	352	614	541	35	4	8	6
Poliomyelitis	15	1	2	10	–	–	1	1	–
Diphtheria..	–	–	–	–	–	–	–	–	–
Ophthalmia Neonatorum	3	3	–	–	–	–	–	–	–
Pemphigus	8	4	–	–	–	–	2	2	–

	At all ages	Under 5	5–14	15–44	45–64	65 and over
Enteric Fever	–	–	–	–	–	–
Dysentery	526	251	195	66	12	2
Infective Enteritis	550	191	165	144	39	11
Food Poisoning	19	3	3	11	2	–
Erysipelas	91	4	–	35	44	8
Pulmonary Tuberculosis ..	305	7	11	201	71	15
Non-pulmonary Tuberculosis	54	6	14	23	10	1
Pneumonia	476	102	45	109	121	99
Puerperal Pyrexia	24	–	–	24	–	—
German Measles	3,703	1,066	2,296	330	11	–
Chicken pox	2,574	975	1,516	82	1	–
Cerebro-spinal meningitis ..	1	1	–	–	–	–

Table 5 *Dental Care of Expectant and Nursing Mothers and Pre-School Children.* *Summary of Work Done,* 1953

Source	No. of Patients	No of Visits	Temporary Teeth		Permanent Teeth		Scaling and Cleaning	Dentures and Repairs	Polishing and Trimming	Dressings	Regulations and Crowns	General Anaesthetics	Local Anaesthetics	Gingе-vectomy	Nerve Extractions	Root dressings and Fillings	Silver Nitrate Treatment
			Extractions	Fillings	Extractions	Fillings											
St. Luke's Hospital Ante-Natal ..	85	203	—	—	152	66	28	16	31	16	—	37	20	8	4	4	—
Child Clinic Ante-Natal	340	810	—	—	551	197	49	91	58	81	—	184	73	11	3	4	5
Child Clinic—Infants	897	1110	1391	73	—	—	—	—	4	18	—	963	9	—	—	—	4
Child Clinic—Day Nursery Children	349	15	47	246	—	—	—	—	1	1	—	30	1	—	—	—	48
School Children ..	89	350	3	—	8	103	3	43	52	13	13	5	21	6	11	11	—
Occupation Centre	10	10	14	—	4	2	1	—	2	2	—	9	—	—	—	—	—
Grassington Sanatorium ..	105	5	—	—	47	68	11	14	3	15	—	1	35	—	1	1	4
Totals ..	1873	2503	1455	319	762	436	92	164	151	146	13	1229	159	25	19	20	61

Table 6 *Food Premises Registered under Section* 14, *Food and Drugs Act,* 1938, *and Dairies Registered under Milk and Dairies Regulations,* 1949. *Number of Inspections,* 1953

	Number	Number of Inspections
Section 14, *Food and Drugs Act,* 1938		
Premises used for the sale, storage or manufacture of ice cream	516	1,922
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats	264	1,026
Premises used for the preparation of fish by any process of cooking (fried fish shops)	283	956
Milk and Dairies Regulations, 1949		
Dairies	65	437

Table 7 *Number of Food Premises by Type of Business as at* 1953

Type of Business	Number	
Bakehouses (including 15 basement bakehouses)	351	
Butchers' Shops	419	
Confectioners' Shops	439	
Fish, Fruit and Game Shops	364	
Grocers' Shops	946	
Fish Friers' Shops	284	
Tripe Shops	43	
Sweets Shops	341	
Public Houses	406	
Clubs	120	
Restaurants and Cafes	290	
Ice Cream Manufacturers	10	
Mineral Water Manufacturers	12	
Potato Crisps Manufacturers	2	
Pickle Manufacturers	2	
Wholesale Miscellaneous Food Warehouses	125	
		4,154
Industrial Canteens	330	
School Dining Rooms and Kitchens	166	
School Nurseries	25	
Day Nurseries	10	
Industrial Nurseries	3	
		534

There are now 4,688 premises within the city where food is sold, handled, prepared or stored for sale for human consumption.

In addition, 7 vans used by mobile food retailers were inspected during the year.

Table 8 *Number of Shops, and Premises other than Shops to which the Shops Act,* 1950 *applies* (*not included in the above table*) *by Type of Business*

Type of Business	Number
Boot Repairers and Grindery	173
Chemists and Druggists	129
China and Glassware	18
Drapers	222
Electrical and Wireless	122
Florists	34
Furnishers	136
Hardware, Ironmongery	190
Hairdressers	399
Jewellers	45
Motors, Cycles, Petrol	132
Newsagents	282
Pawnbrokers	20
Photographers	12
Wearing Apparel	556
Wallpaper and Decorators	58
Mixed Businesses	119
Miscellaneous Trades	238
Wholesale Shops and Warehouses	165

Table 9 *Administration of the Food and Drugs Act,* 1938, *and the Shops Act,* 1950, *during* 1953

Complaints investigated	86
Notices served	—
Informal letters sent	244
Notices complied with	—
Food and Drugs Act, Section 13. Contraventions rectified:—	
(*a*) Sanitary conveniences in direct communication with food room amended	—
(*b*) Drains in food premises abolished	—
(*c*) Walls, ceilings, floors, windows and doors repaired	24
(*d*) Walls, ceilings and doors painted, white washed or cleansed	246
(*e*) Use of sleeping rooms directly connected to food premises discontinued	—
(*f*) Ventilation provided or improved	6
(*g*) Refuse removed and floors cleansed	15
(*h*) Dirty clothing cleansed or removed and apparatus cleansed	9
(*i*) Hot water, wash basins, soap and towels provided	49
Byelaws made under Section 15. Contraventions rectified	128
Industrial canteens visited	468
Details of work executed:—	
Additional sanitary accommodation provided	9
Ventilated space provided for sanitary accommodation	1
Water closet apartments lighted or ventilated	—
Water closet apartments cleansed	17
Water closet pedestals cleansed	8
Water closet general repairs	20
Water closet pedestals renewed	2
Water closet flushing apparatus amended	1
Waste water closet converted to W.C.	—
Soil pipes renewed	2
Waste water closets abolished	—
Choked drains cleansed	4
Drains amended	—
Drains reconstructed	2
Waste pipes trapped	—
Sinks renewed	14
Refuse bins provided	2
Urinals cleansed	—
Urinals amended or screened	—
Verminous premises dealt with	6
Other nuisances	10
Drain testing:—	
Number of volatile, colour and smoke tests—Positive	7
Number of volatile, colour and smoke tests—Negative	25
H.M. Inspector's reports investigated	3
Reports to H.M. Inspector	3
Additional work:—	
Premises proofed against rodents under the Prevention of Damage by Pests Act, 1949	20

Table 10 *Inspections and Contraventions under the Shops Act,* 1950, *during* 1953

Number of shops on register	7,196
Number of shops visited where assistants are employed	2,622
Number of shops visited where young persons are employed	139
Total number of inspections	6,763

Offences Ascertained	No. of Offences	No. of Verbal Warnings	No. of Verbal Warnings Confirmed by Letter
Prescribed form relating to half holiday of assistants not displayed	104	104	—
Correct meal times not allowed to assistants	—	—	—
Half holiday not allowed to assistants	—	—	—
Notice of day or weekly half holiday not fixed	8	8	—
Shop open after closing hour on weekly half holiday	1	1	1
Hawking on weekly half holiday after hour fixed by Order	—	—	—
Shop open after closing hour fixed by Closing Order	1	1	1
Selling in places after closing hour	—	—	—
Sunday Trading Restrictions			
Shop open for non-exempted sales	8	8	8
Notices not displayed stating purpose for which shop open	4	4	4
Without Form VII	1	1	1
Assistants employed on more than three Sundays in a month	—	—	—
Assistants not allowed a compensatory holiday	—	—	—
Young Persons			
Abstract relating to young persons not displayed—Forms H and J	5	5	—
Young persons employed more than 48 hours per week	1	1	—
Young persons employed in shop after being employed in factory for permitted hours	—	—	—
Without schedule of young persons hours—Form F	10	10	—
Without overtime record—Form G	—	—	—
Without notice relating to seats—Form K	75	75	—
Young persons employed overtime in excess of yearly limit	—	—	—
Overtime worked by young persons in more than 6 weeks	—	—	—
TOTALS	218	218	14

Table 11 *Number of Samples Procured and Examined in* 1953

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In-formal	Total	Formal	In-formal	Total
Aspirin Tablets	–	1	1	–	–	–
Back and Kidney Pills	–	1	1	–	–	–
Baked Beans	–	1	1	–	–	–
Baking Powder	–	4	4	–	–	–
Beef Dripping	–	1	1	–	–	–
Beef Paste	–	3	3	–	–	–
Beef Sausage	2	12	14	1	2	3
Beef Suet	–	5	5	–	–	–
Biscuits	–	1	1	–	–	–
Blancmange Powder	–	1	1	–	–	–
Boric Acid Eye Lotion	–	1	1	–	–	–
Brandy	1	–	1	–	–	–
Bread	–	1	1	–	–	–
Bronchitis Cure	–	1	1	–	–	–
Butter	–	1	1	–	–	–
Butter Drops	–	1	1	–	1	1
Butter Mints (Caramel Centre)	1	1	2	1	1	2
Buttered Mints	–	1	1	–	1	1
Cheese Spread	–	3	3	–	–	–
Chicken and Sage Savoury	–	1	1	–	–	–
Chicken Snack	–	1	1	–	–	–
Chocolate	–	1	1	–	–	–
Chocolate Macaroon Cake	–	1	1	–	–	–
Cocoa	–	1	1	–	–	–
Codeine Tablets	–	1	1	–	–	–
Coffee and Chicory Essence	–	3	3	–	–	–
Coffee Extract	–	1	1	–	–	–
Compound Glycerine of Thymol	–	1	1	–	–	–
Cooked Ham	–	2	2	–	–	–
Cooking Fat	–	3	3	–	–	–
Corned Beef	–	2	2	–	–	–
Cornish Pasty	–	1	1	–	–	–
Crab Paste	–	1	1	–	–	–
Cream	–	13	13	–	–	–
Crystallised Ginger	–	1	1	–	–	–
Curo-phyll Herbs	–	1	1	–	–	–
Dehydrated Mint	–	1	1	–	–	–
Desert Caramel Flavour	–	1	1	–	–	–
Dressed Crab	–	3	3	–	–	–
Evaporated Milk	–	1	1	–	–	–
Family Laxative Tablets	–	1	1	–	–	–
Ferguzade	–	1	1	–	–	–
Fish Cake	–	4	4	–	–	–
Fish Paste	–	1	1	–	–	–
Flour	–	3	3	–	–	–
Fruit Laxative	–	1	1	–	–	–
Fruit and Malt Loaf	–	1	1	–	–	–
Fruit Salad	–	1	1	–	–	–
Gee's Linctus	–	1	1	–	–	–
Gee's Linctus Pastilles	–	1	1	–	–	–
Glacé Cherries	–	1	1	–	–	–
Glucose Lozenges	–	1	1	–	–	–
Glycerine	–	1	1	–	–	–
Golden Raising Powder	–	1	1	–	–	–
Gravy Salt	–	1	1	–	–	–

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In-formal	Total	Formal	In-formal	Total
Ground Almonds	–	1	1	–	–	–
Health Salts	–	1	1	–	–	–
Herring Roe	–	1	1	–	–	–
Honey	–	1	1	–	–	–
Horse Meat	–	1	1	–	–	–
Ice Cream	–	24	24	–	–	–
Iced Lolly	–	6	6	–	1	1
Iodized Throat Tablets	–	1	1	–	–	–
Indian Brandee	–	1	1	–	–	–
Jam	–	8	8	–	–	–
Jellied Veal	–	1	1	–	–	–
Jelly Creams	–	1	1	–	–	–
Jelly Crystals	–	1	1	–	–	–
Jelto	–	1	1	–	–	–
Lard	–	1	1	–	–	–
Lemon Cheese	–	3	3	–	–	–
Lime Juice Cordial	–	1	1	–	–	–
Liquid Paraffin	–	1	1	–	–	–
Liver Salts	–	1	1	–	–	–
Liver Sausage	–	1	1	–	–	–
Long Life Lozenges	–	1	1	–	–	–
Malt Vinegar	–	2	2	–	–	–
Marmalade	–	4	4	–	–	–
Marzipan	–	4	4	–	2	2
Meat Paste	–	3	3	–	–	–
Meat Pie	–	4	4	–	–	–
Milk	174	619	793	31	36	67
Milk Chocolate Dates	–	1	1	–	–	–
Milk Pudding	–	1	1	–	–	–
Minced Beef Loaf	–	1	1	–	–	–
Mincemeat	2	8	10	–	1	1
Mustard	–	3	3	–	–	–
Orange Crush	–	1	1	–	–	–
Orange Peel	–	1	1	–	–	–
Peanut Butter	–	1	1	–	–	–
Pickled Beetroot	–	1	1	–	–	–
Polony	–	1	1	–	–	–
Pork Pie	–	2	2	–	–	–
Pork Sausage	2	4	6	1	–	1
Potted Meat	–	2	2	–	1	1
Potted Meat Paste	–	1	1	–	–	–
Powdered Gelatine	–	1	1	–	–	–
Prepared Wheat Embryo	–	1	1	–	–	–
Raisins	–	3	3	–	–	–
Raspberry Conserve	–	1	1	–	–	–
Raspberry Vinegar with Olive Oil	–	1	1	–	–	–
Rum	2	–	2	–	–	–
Saccharine Tablets	–	1	1	–	–	–
Sage and Onion Stuffing	–	1	1	–	–	–
Salad Cream	–	2	2	–	–	–
Salmon Paste	–	2	2	–	–	–
Salt	–	1	1	–	–	–
Sauce	–	1	1	–	–	–
Savormix	–	1	1	–	–	–
Savoury Welsh Rarebit	–	1	1	–	–	–
Self-raising Flour	–	4	4	–	–	–
Shrimp Paste	–	1	1	–	–	–

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In-formal	Total	Formal	In-formal	Total
Sild in Tomato Sauce	–	1	1	–	–	–
Soup	–	2	2	–	–	–
Soyolk	–	1	1	–	–	–
Spaghetti	–	1	1	–	–	–
Steak Pie	–	2	2	–	–	–
Steak Pudding	–	1	1	–	–	–
Steak with Dumplings	–	1	1	–	–	–
Sugar	–	3	3	–	–	–
Sulphur and Yeast	–	1	1	–	–	–
Sweetened Condensed Milk	–	2	2	–	–	–
Sweets	–	18	18	–	–	–
Synthetic Cream Powder	–	1	1	–	–	–
Synthetic Creams	–	1	1	–	–	–
Syrup	–	1	1	–	–	–
Table Creams	–	1	1	–	–	–
Table Jelly	–	6	6	–	–	–
Tea	–	4	4	–	–	–
Therm-o-rub	–	1	1	–	–	–
Tinned Cream	–	1	1	–	–	–
Tinned Gooseberries	–	1	1	–	–	–
Tinned Tomatoes	–	1	1	–	–	–
Treacle	–	1	1	–	–	–
Vinegar	–	1	1	–	–	–
Wheatmeal Bread	–	1	1	–	–	–
Whisky	4	–	4	–	–	–
White Pepper	–	1	1	–	–	–
Xmas Pudding	–	3	3	–	–	–
Total	188	903	1,091	34	46	80

able 12 *Feeding Stuffs Samples taken in* 1953

Baby Chick Food	2
Cow Ration	2
N.P.F. No. 1A Battery Layers' Mash	4
N.P.F. No. 1A Layers	3
No. 1 Pig Meal	2
No. 2 Pig Meal	3

able 13 *Fertilisers Samples taken in* 1953

National Compound No. 1 Fertiliser	1
Sulphate of Ammonia	1
Superphosphate	1

Table 14 *Meat Inspection—Carcases Inspected and Condemned,* 1953

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	11,223	3,701	10,415	50,164	23,479
Number inspected	11,223	3,701	10,415	50,164	23,479
All Diseases except Tuberculosis:—					
Whole carcases condemned	3	17	681	84	130
Carcases of which some part or organ was condemned	3,260	1,454	12	2,186	2,380
Percentage of number inspected affected with disease	29·05	39·75	6·65	4·52	10·69
Tuberculosis only:—					
Whole carcases condemned	20	69	—	—	24
Carcases of which some part or organ was condemned	486	704	—	—	736
Percentage of number inspected affected with Tuberculosis (approx.) ..	4·5	20·88	—	—	4·08

Table 15 *Whole Carcases and Offal Condemned*, 1953

	Bulls	Cows	Bullocks	Heifers	Calves	Sheep	Pigs
Emaciation	–	6	–	–	–	44	3
Tuberculosis	–	69	13	7	–	–	24
Immaturity	–	–	–	–	196	–	8
Pyæmia	–	1	–	–	411	1	11
Jaundice	–	–	–	–	7	1	4
Oedema	–	3	–	–	60	19	13
Poliarthritis	–	–	–	–	3	–	–
Septicæmia	1	5	–	–	2	2	16
Fevered	–	1	–	1	2	14	16
Dead on arrival	–	–	–	–	–	3	3
Swine erysipelas	–	–	–	–	–	–	10
Septic peritonitis	–	–	–	–	–	–	3
Neoplasms	–	–	–	–	–	–	1
Swine fever	–	–	–	–	–	–	38
Hæmorrhagic enteritis	–	–	–	–	–	–	1
Pig paratyphoid	–	–	–	–	–	–	2
Decomposition	–	–	–	–	–	–	1
Carcinoma	–	1	–	–	–	–	–
Generalised bruising	–	–	1	–	–	–	–
Totals	1	86	14	8	681	84	154

Table 16 *Partial Carcases and Organs Condemned*, 1953

		Partial Carcase	Lungs	Heart	Stomach	Intestines	Liver	Pluck	Udder	Head
Abscess	Cattle	5	152	–	128	56	560	–	36	120
	Sheep	8	–	–	–	–	46	19	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	8	–	–	–	21	–	56	–	44
Inflammatory Conditions	Cattle	1	116	240	250	165	45	–	135	23
	Sheep	14	–	–	–	12	14	–	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	12	–	–	–	1,360	–	36	–	–
Parasitic Conditions	Cattle	–	384	–	–	94	2,362	–	–	19
	Sheep	–	–	–	–	–	2,130	56	–	2
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	–	–	–	–	24	–	44	–	–
Tuberculosis	Cattle	28	586	16	98	365	253	–	–	430
	Sheep	–	–	–	–	–	–	–	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	6	–	–	–	86	–	765	–	240
Miscellaneous	Cattle	87	41	24	168	13	55	–	8	60
	Sheep	2	–	–	–	–	16	5	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	43	–	–	–	10	–	4	–	–

Table 17 *Total Weight of Meat Condemned,* 1953

Home Killed

Beef:	whole carcases	57,597 lb.
	part ,,	10,557 lb.
Sheep:	whole ,,	2,927 lb.
	part ,,	995 lb.
Calf:	whole ,,	22,396 lb.
	part ,,	71 lb.
Pig:	whole ,,	15,806 lb.
	part ,,	3,211 lb.
	Total	113,560 lb.

Imported Meat and other Meat Products

Beef	592 lb.
Pork	44 lb.
Tripes	608 lb.
Sausage	401 lb.
Udders	3,229 lb.
Bacon and Ham	567 lb.
Black Puddings	14 lb.
Lamb Livers	9 lb.
Chickens	53 lb.
Total	5,517 lb.

Weight of Offals Condemned

Beef	149,907 lb.
Sheep	5,721 lb.
Calves	5,920 lb.
Pigs	29,517 lb.
Total	191,065 lb.

Total weight of meats condemned 310,142 lb., that is 138 tons, 9 cwts., 1 stone.

In addition, the following weight of tinned meats was condemned: 3 tons, 11 cwts., 3 qrs., 2 lb.

Table 18 *Various Condemned Foods*, 1953

	tons	cwt.	qr.	lb.
Apples	–	2	–	27
Beetroot	1	18	2	–
Brussel Sprouts	1	4	3	8
Cabbages	10	5	2	–
Carrots	–	7	3	2
Cauliflowers	2	18	–	–
Cereals	–	9	2	3
Cheese	–	2	1	9
Cherries	–	–	3	8
Dried Fruit	–	–	1	2
Dry Fish	–	3	–	–
Fats	–	1	–	7
Flour	10	8	1	26
Greengages	–	–	3	12
Lettuce	–	9	1	3
Margarine	–	–	2	1
Onions	1	9	2	10
Parsnips	–	11	2	–
Peas	–	18	2	8
Plums	–	9	2	–
Shellfish	–	–	1	22
Sugar	–	–	2	2
Swedes	–	4	2	–
Sweets	–	–	1	1
Tomatoes	–	–	1	20
Wet Fish	1	7	–	8
Miscellaneous	–	6	–	15
Total	34	1	1	26

Table 19 *Condemned Tinned Goods*, 1953

	No. of Tins
Fruit	8,014
Vegetables..	2,204
Milk	1,268
Fish	636
Soup	490
Miscellaneous	2,321
Total	14,933

(*the weight of tinned meats condemned is given in Table* 17)

Table 20 *Particulars of Work Done by District Sanitary and Housing Inspectors during* 1953, *with Comparative Figures for* 1952

Inspection of Dwellings:—	1952	1953
No. of houses inspected under Housing Acts	913	808
No. of houses in respect of which notices were served requiring repairs	249	187
No. of houses rendered fit after formal notice		
(*a*) by owners	233	160
(*b*) by L.A. on default	29	20
No. of houses rendered fit without service of formal notices	47	43
No. of re-visits	2,973	3,227
No. of houses let in lodgings inspected	34	130
No. of notices served—owners	—	4
occupiers	—	91
lodgers	—	175
No. of notices complied with	—	86
No. of overcrowded houses visited	119	6
No. of houses decrowded	—	1
No. of houses demolished in pursuance of demolition orders	22	37
No. of houses inspected under Public Health Acts	11,465	12,616
No. of notices served requiring defects to be remedied at these houses	3,164	2,448
No. of notices complied with—		
(*a*) by owners	1,933	1,533
(*b*) occupiers	13	87
(*c*) by L.A. on default	166	140
No. of houses rendered fit without service of formal notices	756	875
No. of revisits	20,916	20,763
No. of common lodging houses visited	91	278
No. of notices served	—	—
No. of notices complied with	—	—
Inspections and Visits:		
No. of complaints investigated	4,912	4,319
No. of visits and inspections (other than dwelling houses)	2,156	2,758
No. of schools inspected	215	196
No. of graveyards inspected	9	18
No. of cinemas inspected	153	200
No. of piggeries inspected	146	400
No. of offensive trade premises inspected	145	94
No. of second-hand furniture and clothing shops visited	21	109
Infectious Diseases:—		
No. of cases investigated	926	864
No. of re-visits	739	426
No. of samples of fæces and/or urine obtained	514	115
Miscellaneous Nuisances, etc.:—		
Dangerous places referred to City Engineer	90	76
Absence of or defective dustbins referred to Cleansing Department	76	210
Choked sewers and street gulleys reported	169	376
Wastes of water reported to Waterworks Department	158	212
Samples of water taken for:—		
(*a*) chemical analysis	248	195
(*b*) bacteriological examination	295	307
Premises dealt with under Prevention of Damage by Pests Act, 1949	9	16
Factories and Workplaces:		
No. of factories inspected		6
No. of workplaces inspected		56

		1952	1953
Drain Testing:—			
Number of volatile tests	Positive	61	59
	Negative	544	545
Number of colour tests	Positive	297	413
	Negative	1,503	1,969
Number of smoke tests (rocket)	Positive	60	67
	Negative	143	134
Number of smoke tests (machine)	Positive	19	9
	Negative	28	10
Number of water under pressure tests	Positive	—	11
	Negative	—	34
Drainage and Sanitary Arrangements:—			
Choken drains cleansed		682	828
Drains amended		269	429
Drains reconstructed		422	464
Extra drains provided		294	409
Cellars drained		6	21
Drains underneath houses abolished		6	8
Drainage systems intercepted from sewer		5	12
Open drain inlets trapped		8	28
Waste pipes trapped		9	60
Waste pipes disconnected		16	98
Rainwater pipes disconnected		57	128
Rainwater conductors repaired or renewed		901	831
Sinks replaced		288	200
Sink waste pipes repaired or renewed		171	182
Waste water closets abolished		188	246
Water closet pedestals renewed		144	119
Water closets and flushing apparatus repaired		177	156
Water closets cleansed		14	**21**
Water closet apartments cleansed and limewashed		4	33
W.C. apartments properly lighted and ventilated		22	46
General repairs to water closets		278	257
Additional W.C. accommodation provided		228	289
Soil pipes repaired or renewed		44	78
Privy apartments cleansed and limewashed		3	3
Privy structures abolished		16	7
Privies converted to W.Cs.		—	5
Privies converted to Chemical closets		—	—
Ashpits abolished and dustbins substituted therefor		8	3
Urinals cleansed, amended, or screened		19	7
Urinals remodelled		—	1
New urinals provided		1	—
Dwelling Houses, Etc.:—			
Dampness excluded		1,225	863
Roofs repaired		913	707
Houses or parts cleansed and limewashed		40	37
Verminous houses disinfested		157	64
Ventilation improved		10	18
Window cords repaired or renewed		1,084	979
Lighting improved		1	12
General repairs executed		2,378	1,985
Cooking ranges repaired or renewed		247	223
Washing coppers provided or renewed		42	57
Handrails provided		3	5
New food stores provided and ventilated		4	6
Water supply improved		308	201
Houses supplied with city water supply		3	6
Outbuildings repaired		4	11
Septic tank and filter installations provided		—	2
Effluvium nuisances abated		24	50

Courts, Back Yards, Stable Yards, Etc.:—	1952	1953
Yard and passage paving repaired	17	10
Yards re-paved	19	5
Yards and passages newly paved	7	1
Yards cleansed	16	18
Passages cleansed and limewashed	1	—
Manure pits repaired	—	—
Manure pits provided	—	—
Keeping of Animals, Etc.:		
Improper keeping of swine prohibited	2	7
Piggeries repaired	—	—
New piggeries provided	—	1
Piggeries abolished or disused	1	5
Improper keeping of fowls, etc., prohibited	5	8
Accumulations of offensive matter, etc., removed	67	88
Accumulations of manure removed	7	94

Table 21 *Factories Acts,* 1937 *and* 1948

Inspections for purposes of provisions as to health (including inspections made by sanitary inspectors) in 1953

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	265	95	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,452	906	95	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	17	3	—	—
Total	2,734	1,004	97	—

Cases in which defects were found

Particulars	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	No. of cases in which prosecutions were instituted
Want of cleanliness (S.1) . .	19	11	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	2	1	—	3	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) Insufficient	6	4	—	5	—
(*b*) Unsuitable or defective	71	57	—	23	—
(*c*) Not separate for sexes	1	1	—	1	—
Other offences against the Act (not including offences relating to Outwork) . .	104	101	—	20	—
Total	203	175	—	59	—

Table 22 *Summary of Work Executed in Factories and Workplaces* 1953

Summary of Work Executed	Factories	Work-places
No. of additional W.Cs. provided	33	14
No. of additional urinals provided	4	1
No. of obsolete urinals renewed	—	—
No. of existing conveniences provided with:		
(1) Sufficient ventilation	59	—
(2) Intervening ventilated spaces	106	—
(3) Notices indicating sex of user	27	—
(4) Effective screening	2	—
(5) Separate approaches	—	—
(6) Effective lighting by day	14	—
(7) Effective lighting by night	157	1
No. of Conveniences in connection with which:—		
(1) (*a*) Top and walls were white-washed, colour-washed or otherwise cleansed	34	—
(*b*) Surfaces were painted, renewed or satisfactorily cleansed	14	—
(2) Sanitary fittings were repaired	12	—
(3) General repairs to structure were carried out	22	2
(4) Drains, soil pipes, ventilating shafts were repaired or renewed	3	1
(5) Drains were cleansed	1	—
(6) Drains were amended or reconstructed	3	—
(7) New drains were provided	15	4
Drain Testing:—		
No. of colour tests—P	—	—
N	19	4
No. of volatile tests—P	—	—
N	—	—
No. of smoke tests—P	—	—
N	—	—
No. of hydraulic tests—P	—	—
N	—	—

Table 23

Part VIII of the Act

Outwork

(*Sections* 110 *and* 111)

	Section 110			Section 111		
Nature of Work	No. of outworkers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. ..	331	—	—	—	—	—
Household linen ..	7	—	—	—	—	—
Curtains and furniture hangings	6	—	—	—	—	—
Furniture and upholstery	7	—	—	—	—	—
Locks, latches and keys	1	—	—	—	—	—
Umbrellas, etc. ..	1	—	—	—	—	—
Textile weaving ..	504	—	—	—	—	—
Total	857	—	—	—	—	—

Table 24 *Atmospheric Pollution—Annual Deposits,* 1943–1953 *(Tons per Square Mile)*

Year	Total Solids	Undissolved Matter		Ash	Sulphate as SO4	Chlorine as Cl	Lime as Ca
		Soluble in CS2 (Tarry Matter)	Insoluble in CS2 (Combustible Matter)				
North							
1943	173·72	6·13	17·50	34·91	25·83	26·57	7·49
1944	201·22	5·35	19·75	36·48	30·71	32·83	10·88
1945	194·91	3·60	36·12	40·34	29·31	19·96	7·90
1946	157·63	4·05	20·40	31·48	36·17	24·43	8·31
1947	214·10	2·96	36·31	74·52	29·13	17·56	3·37
1948	166·39	3·46	23·76	38·04	21·20	16·14	1·76
1949	177·48	2·71	28·29	39·93	32·40	18·97	3·49
1950	162·97	2·07	28·31	55·42	25·21	19·85	3·49
1951	190·03	5·00	24·01	58·01	31·94	19·28	3·81
1952	181·90	2·06	25·10	54·23	30·77	18·39	3·04
1953	192·01	1·26	33·12	57·96	37·96	12·75	3·33
Central							
1943	234·77	6·42	36·20	70·88	26·40	24·82	8·58
1944	246·00	6·83	35·77	68·91	29·03	35·14	9·04
1945	276·86	3·82	53·35	80·20	34·34	23·20	8·61
1946	255·92	5·30	40·01	78·89	42·34	32·61	6·05
1947	232·00	4·25	45·41	81·11	31·20	22·11	5·26
1948	233·28	3·65	44·33	75·15	30·58	23·73	3·53
1949	222·77	2·89	37·46	60·27	38·00	24·51	4·53
1950	223·94	2·63	48·90	83·67	28·46	23·96	3·95
1951	250·08	6·35	49·03	78·57	32·60	33·13	4·68
1952	231·18	2·97	49·74	73·21	32·29	21·04	4·52
1953	194·74	1·63	39·64	61·25	32·18	16·54	4·61
Bierley Hall							
1950	142·51	2·39	24·82	41·86	22·47	19·84	3·83
1951	172·76	3·78	23·69	44·42	32·06	16·32	4·93
1952	132·17	1·78	21·48	33·33	20·39	12·47	2·93
1953	132·38	1·30	26·28	33·48	24·45	10·44	4·06
Chellow Heights							
1950	121·27	1·98	12·37	28·88	23·81	22·52	3·86
1951	143·45	3·56	10·16	27·70	27·99	17·70	7·93
1952	124·43	1·73	15·83	30·08	27·12	15·32	3·88
1953	114·65	1·36	13·99	23·34	26·53	12·04	4·08
Ambulance Depot							
1950 (7 Mos)	455·69	3·70	162·61	240·67	15·43	12·39	2·53
1951	807·22	11·61	241·91	437·21	41·44	18·65	7·32
1952	689·49	3·98	155·38	399·56	38·44	17·59	10·88
1953	570·40	2·62	140·09	300·55	40·00	14·20	12·23

Table 25 *Atmospheric Pollution—Mean Monthly Deposits*, 1953
(*Tons per Square Mile*)

Station	Total Solids	Undissolved Matter		Ash	Sulphate as SO_4	Chlorine as Cl	Lime as Ca
		Soluble in CS_2 (Tarry Matter)	Insoluble in CS_2 (Combustible Matter)				
North	16·00	0·10	2·76	4·83	3·16	1·06	0·27
Central	16·22	0·13	3·30	5·10	2·68	1·37	0·38
Bierley Hall	11·03	0·10	2·19	2·79	2·03	0·87	0·33
Chellow Heights	9·55	0·11	1·16	1·94	2·21	1·00	0·34
Ambulance Depot	47·53	0·21	11·67	25·04	3·33	1·18	1·02

Table 26

Housing Statistics 1953

1.	The number of houses which on inspection were considered to be unfit for human habitation	335
2.	The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their officers	43
3.	The number of representations made to the Local Authority with a view to:	
	(*a*) the serving of notices requiring the execution of works	197
	or	
	(*b*) the making of demolition orders	76
4.	The number of notices served requiring the execution of works	187
5.	The number of houses which were rendered fit after service of formal notices	180
6.	The number of demolition orders made	70
7.	The number of houses in respect of which an undertaking was accepted under Section 11 of the Housing Act, 1936	5
8.	The number of houses demolished	37
9.	The number of houses overcrowded on 1st January, 1953	1,464
10.	The number of houses becoming overcrowded between 1st January and 31st December, 1953	102
11.	The number of houses decrowded between 1st January and 31st December, 1953	163
12.	The number of overcrowded houses on 31st December, 1953	1,403

The number of houses closed as being unfit for human habitation under the Bradford Corporation Gas and Improvement Act, 1871	38